Course Change Request

Indiana University

Check Appropriate Boxes: Undergraduate credit X Graduate credit □ Professional credit □

1. School/Division Nursing
2. Academic Subject Code NURS
3. Current Course Number H498
4. Current Credit Hours 1
5. Current Title Nursing Honors Colloquia
6. Effective Semester/Year for changes listed below: Fall 2006 (4068). Instructor: 

Type of Change Requested (Check appropriate boxes and indicate ci)

☐ 8. Change course number to: ______________________ (must be cleared with )

☐ 9. Current course title: ________________________________

Change to: ________________________________

Recommended abbreviation (optional) ____________________________ (Limited to 32 Characters incl

☐ 10. Current credit hours fixed at: ______________________ or variable from: ________

Change to credit hours fixed at: ______________________ to ______________________

☐ 11. Current lecture contact hours fixed at: ______________________ or variable from: ________

Change to lecture contact hours fixed at: ______________________ to ______________________

☐ 12. Current non-lecture contact hours fixed at: ______________________ or variable from: ________

Change to non-lecture contact hours fixed at: ______________________ to ______________________

☒ 13. Is this course currently graded with S-F (only) grades? Yes ___ No X

Change to S-F (only) grading? Yes X No ___

☐ 14. Does this course presently have variable title approval? Yes ___ No ___

Is variable title approval being requested? Yes ___ No ___

☐ 15. Is this course being discontinued? For all campuses ________ or for this campus only ________

☐ 16. Current course description

Change course description to (not to exceed 50 words)


delimited text

17. Justification for change __________________________________________________________

(Use additional paper if necessary)

18. Are the necessary reading materials currently available in the appropriate library?

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of this course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: __________________________ Date 7/11/06

Department Chairman/Division Director

Approved by: __________________________ Date 7/14/06

Dean

Dean of Graduate School (when required) Date __________

Chancellor/Vice-President Date __________

University Enrollment Services Date __________

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

UPS 725