

*To Campus*  
New Course Request

Indiana University

*Mokomo* Campus

Check Appropriate Boxes: Undergraduate credit  Graduate credit  Professional credit

1. School/Division *Allied Health Sciences* 2. Academic Subject Code *AHLT-R*

3. Course Number *230* (must be cleared with University Enrollment Services) 4. Instructor *Hayley, J.D*

5. Course Title *ARRT Radiography Credential*  
Recommended Abbreviation (Optional) \_\_\_\_\_  
(Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): *As Needed START 4058*

7. Credit Hours: Fixed at \_\_\_\_\_ or Variable from *3* to *24*

8. Is this course to be graded S-F (only)? Yes  No \_\_\_\_\_

9. Is variable title approval being requested? Yes  No

10. Course description (not to exceed 50 words) for Bulletin publication:  
*CREDIT FOR STUDENTS Holding ARRT  
RADIOGRAPHY EXAMINATION CREDENTIAL*

11. Lecture Contact Hours: Fixed at \_\_\_\_\_ or Variable from \_\_\_\_\_ to \_\_\_\_\_

12. Non-Lecture Contact Hours: Fixed at \_\_\_\_\_ or Variable from *3* to *24*

13. Estimated enrollment: *1-2* of which *0* percent are expected to be graduate students.

14. Frequency of scheduling: *AS Needed* Will this course be required for majors? *YES*

15. Justification for new course: *To Apply Credit From ARRT Exam To transfer <sup>STUDENTS</sup>*

16. Are the necessary reading materials currently available in the appropriate library? *N/A*

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new 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 *3/21/08*

Department Chairman/Division Director

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Dean

\_\_\_\_\_  
Date \_\_\_\_\_  
Dean of Graduate School (when required)

\_\_\_\_\_  
Date \_\_\_\_\_  
Chancellor/Vice-President

\_\_\_\_\_  
Date \_\_\_\_\_  
University Enrollment Services

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.