

^{To Campus}
New Course Request

Indiana University

Nokomo 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 232 (must be cleared with University Enrollment Services) 4. Instructor Hughey, J.O.
5. Course Title Clinical Work Experience

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 1 to 5

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:
Clinical Work Experience Credit for
Students Holiday RT-R certification

11. Lecture Contact Hours: Fixed at _____ or Variable from 1 to _____

12. Non-Lecture Contact Hours: Fixed at _____ or Variable from 1 to 5

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 Allow Transfer Students Credit for Work Experience.

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 3/2/05
Department Chairman/Division Director

Date _____
Dean of Graduate School (when required)

Approved by: _____ Date _____
Dean

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.