

<sup>To Campus</sup>  
New Course Request

Indiana University

Kokomo Campus

Check Appropriate Boxes: Undergraduate credit  Graduate credit  Professional credit

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

3. Course Number 102 (must be cleared with University Enrollment Services) 4. Instructor \_\_\_\_\_

5. Course Title Clinical Experience I

Recommended Abbreviation (Optional) \_\_\_\_\_  
(Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): Summer '06 4065

7. Credit Hours: Fixed at \_\_\_\_\_ or Variable from 2 to 4

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

9. Is variable title approval being requested? Yes \_\_\_\_\_ No X

10. Course description (not to exceed 50 words) for Bulletin publication: Clinical Assessment in Systems and Processes for collecting, maintaining, and disseminating health-related information, development of professional attitude for interacting with other professions and consumers in the health care industry

11. Lecture Contact Hours: Fixed at \_\_\_\_\_ or Variable from 2 to 4

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

13. Estimated enrollment: 10 of which 0 percent are expected to be graduate students.

14. Frequency of scheduling: yearly Will this course be required for majors? no

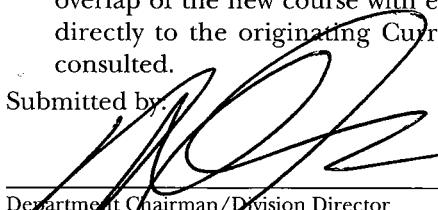
15. Justification for new course: To Add clinical Experience for Employment

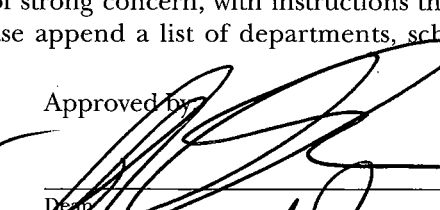
16. Are the necessary reading materials currently available in the appropriate library? yes

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 6/17/01  
Department Chairman/Division Director

Approved by:  Date 6/17/01  
Dean

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

 Date 10/5/05  
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.