

New Course Request

Indiana University

Kokomo Campus

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit

1. School/Division Business 2. Academic Subject Code BUS-S
3. Course Number 480 (must be cleared with University Enrollment Services) 4. Instructor _____
5. Course Title Professional Practice in Computer Information Systems
 Recommended Abbreviation (Optional) _____
(Limited to 32 Characters including spaces)
6. First time this course is to be offered (Semester/Year): Fall 2009
7. Credit Hours: Fixed at _____ or Variable from 3 to 6
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: P: Junior standing. The course provides work experience in cooperating firm or agencies. Comprehensive written report required. Must be in student's major area.

11. Lecture Contact Hours: Fixed at _____ or Variable from _____ to _____
12. Non-Lecture Contact Hours: Fixed at _____ or Variable from _____ to _____
13. Estimated enrollment: as needed of which 0 percent are expected to be graduate students.
14. Frequency of scheduling: as needed Will this course be required for majors? no
15. Justification for new course: internship
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: [Signature] Date 04/10/08
Department Chairman/Division Director

Approved by: [Signature] Date 04/10/08
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.