

to complete

New Course Request

Indiana University

Kokomo Campus

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit

1. School/Division Arts and Sciences 2. Academic Subject Code CHEM

3. Course Number Y393 (must be cleared with University Enrollment Services) 4. Instructor Full-time Chemistry Faculty/Chair

5. Course Title PROFESSIONAL PRACTICE IN CHEMISTRY

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 1 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: DESIGNED TO PROVIDE OPPORTUNITIES FOR STUDENTS TO RECEIVE CREDIT FOR CAREER-RELATED, FULL-TIME WORK. EVALUATION BY EMPLOYER AND DEPARTMENTAL CHAIRPERSON. COURSE CREDIT MAY COUNT AS ELECTIVE HOURS IN THE CHEMISTRY B.A. DEGREE REQUIREMENTS. MAY BE REPEATED FOR A MAXIMUM OF 6 CREDIT HOURS.

11. Lecture Contact Hours: Fixed at 0 or Variable from _____ to _____

12. Non-Lecture Contact Hours: Fixed at _____ or Variable from 40 to 240

13. Estimated enrollment: 5 / year of which 0 percent are expected to be graduate students.

14. Frequency of scheduling: FALL, SPRING, SUMMER Will this course be required for majors? NO

15. Justification for new course: HIGH DEMAND FOR LOCAL INTERNSHIPS.

16. Are the necessary reading materials currently available in the appropriate library? YES - IN LIBRARY

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

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 5/20/09
Department Chairman/Division Director

Approved by: [Signature] Date 5/20/09
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.