

to campus

New Course Request

Indiana University

Kokomo Campus

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit

1. School/Division AHLT 2. Academic Subject Code CLT-C
3. Course Number 180 (must be cleared with University Enrollment Services) 4. Instructor S. KHOSRAVIPOUR
5. Course Title INTRODUCTION TO THE CLINICAL LAB

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 3

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: A SURVEY OF PRACTICAL ASPECTS OF LABORATORY TESTING, LECTURES AND LABS ACQUAINT STUDENTS WITH TECHNIQUES, EQUIPMENT, AND INSTRUMENTS COMMON TO THE MEDICAL LABORATORY.

11. Lecture Contact Hours: Fixed at _____ or Variable from 1 to 3 (per week)

12. Non-Lecture Contact Hours: Fixed at _____ or Variable from 1 to 2 (per week)

13. Estimated enrollment: 10-15 of which 0 percent are expected to be graduate students.

14. Frequency of scheduling: 1 per yr. Will this course be required for majors? NO

15. Justification for new course: HIGH DEMAND FOR MEDICAL TECHNOLOGISTS. INTRO. TO THE PRACTICE.

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. ATTACHED.

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 6-5-09
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.