

To Campus

New Course Request

Indiana University

Kokomo Campus

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit

1. School/Division SOAS/NIMS 2. Academic Subject Code CSCI-C

3. Course Number 175 (must be cleared with University Enrollment Services) 4. Instructor ~~_____~~ K. Ross; C. Dodd

5. Course Title COMPUTERS. ADOBE TOOLS

Recommended Abbreviation (Optional) _____
(Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): Spring/2009

7. Credit Hours: Fixed at 1 or Variable from 0 to 3

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: THIS COURSE PROVIDES PERSONAL COMPUTER USERS A BRIEF INTRODUCTION TO THE POWER AND USEFULNESS OF ADOBE PROGRAMS. EXAMPLES OF ADOBE TOOLS THAT MIGHT BE COVERED INCLUDE: PREMIERE ELEMENTS FOR MOVIE CREATION AND EDITING; PHOTOSHOP ELEMENTS FOR EDITING STILL IMAGES; AND FIREWORKS FOR GRAPHIC CREATION AND ANIMATION.

11. Lecture Contact Hours: Fixed at 12.5 or Variable from _____ to _____

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

13. Estimated enrollment: 25 per term of which 0 percent are expected to be graduate students.

14. Frequency of scheduling: ~~_____~~ EVERY term Will this course be required for majors? NO

15. Justification for new course: INTEREST IN ADOBE TOOLS.

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 1-5-09
Department Chairman/Division Director

Approved by: [Signature] Date 1/6/09
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.