Course Change Request **Indiana University** KOKOMO Campus

Check Appropriate Boxes: Undergraduate credit ☒ Graduate credit ☐ Professional credit ☐

1. School/Division School of Arts + Sciences
2. Academic Subject Code CSCI-C 3. Current Course Number 309 4. Current Credit Hours 3
5. Current Title OBJECT ORIENTED PROGRAMMING
6. Effective Semester/Year for changes listed below: 4065 7. Instructor: T.M Ross

Type of Change Requested (Check appropriate boxes and indicate changes)

☐ 8. Change course number to: _____ (must be cleared with University Enrollment Services)

☐ 9. Current course title: _____
Change to: _____
Recommended abbreviation (optional) _____
(Limited to 32 Characters including spaces)

☒ 10. Current credit hours fixed at: 3 or variable from: _____ to _____
Change to credit hours fixed at: _____ or variable from: 3 to 4

☐ 11. Current lecture contact hours fixed at: _____ or variable from: _____ to _____
Change to lecture contact hours fixed at: _____ or variable from: _____ to _____

☐ 12. Current non-lecture contact hours fixed at: _____ or variable from: _____ to _____
Change to non-lecture contact hours fixed at: _____ or variable from: _____ to _____

☐ 13. Is this course currently graded with S-F (only) grades? Yes _____ No _____
Change to S-F (only) grading? Yes _____ No _____

☐ 14. Does this course presently have variable title approval? Yes _____ No _____
Is variable title approval being requested? Yes _____ No _____

☐ 15. Is this course being discontinued? For all campuses _____ or for this campus only _____

☐ 16. Current course description _____

Change course description to (not to exceed 50 words) _____

17. Justification for change To Align Credits with x-listed Course - INFO-I 211.
(Use additional paper if necessary)

18. Are the necessary reading materials currently available in the appropriate library? _____

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of this 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 contacted.

Submitted by: _____ Date 4/26/06
Department Chairman/Division Director

Approved by: _____ Date 4/26/06
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.

UPS 725

University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow; Department/Division—Pink; University Enrollment Services Advance—White