

New Course Request

Indiana University

Kokomo

Campus

Check Appropriate Boxes:

Undergraduate credit

Graduate credit

Professional credit

1. School/Division Education 2. Academic Subject Code EDUC

3. Course Number E370 (must be cleared with University Enrollment Services) 4. Instructor Amber Reed

5. Course Title Language Arts and Reading Integrated Methods

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

6. First time this course is to be offered (Semester/Year): Fall 2006

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

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: _____

11. Lecture Contact Hours: Fixed at 3 or Variable from _____ to _____

12. Non-Lecture Contact Hours: Fixed at 0 or Variable from _____ to _____

13. Estimated enrollment: 30 of which 2% percent are expected to be graduate students.

14. Frequency of scheduling: Sp/ F Will this course be required for majors? yes

15. Justification for new course: _____

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

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 10/17/05
Department Chairman/Division Director

Approved by: [Signature] Date 10/17/05
Dean

Date _____
Dean of Graduate School (when required)

[Signature] Date 10/19/05
Chancellor/Vice-President

Date _____
University Enrollment Services

Approved: Education Council
David W. Keenan 11/8/05

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.