

New Course Request

Indiana University

Kokomo Campus

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit

1. School/Division SOAS 2. Academic Subject Code FINA

3. Course Number U450 (must be cleared with University Enrollment Services) 4. Instructor _____

5. Course Title Independent Studio Projects

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

6. First time this course is to be offered (Semester/Year): Fall 2005

7. Credit Hours: Fixed at 1 cr 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: Individual studio projects under guidance of faculty member or committee. Does not fulfill a specific course requirement for a fine arts major.

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

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

13. Estimated enrollment: _____ of which _____ percent are expected to be graduate students.

14. Frequency of scheduling: per semester Will this course be required for majors? _____

15. Justification for new course: Capstone course for Creative Arts Minor in Visual Arts

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:

Approved by:

[Signature] Date 4/20/05
Department Chairman/Division Director

[Signature] Date 4/20/05
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.