

New Course 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 LBST

3. Course Number D514 (must be cleared with University Enrollment Services) 4. Instructor Faculty

5. Course Title Graduate Liberal Overseas Study

Recommended Abbreviation (Optional) MLS Overseas Study

(Limited to 32 Characters including spaces)

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

7. Credit Hours: Fixed at _____ or Variable from 3 to 6

8. Is this course to be graded S-F (only)? Yes _____ No X

9. Is variable title approval being requested? Yes X No _____

10. Course description (not to exceed 50 words) for Bulletin publication: This course will enable MLS students to participate in overseas studies. In some cases there may be a language prerequisite.

11. Lecture Contact Hours: Fixed at _____ or Variable from 3 to 6

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

13. Estimated enrollment: 3-5 of which 100% percent are expected to be graduate students.

14. Frequency of scheduling: 2/yr Will this course be required for majors? No

15. Justification for new course: To offer MLS students graduate level overseas study

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:

Approved by:

[Signature] Date 9/20/04
Department Chairman/Division Director

[Signature] Date 9/20/04
Dean

Date _____
Dean of Graduate School (when required)

[Signature] Date 9/21/04
Chancellor/Vice-President

AMB Date 11-4-04
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.