

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 D512 (must be cleared with University Enrollment Services) 4. Instructor MT Bradley

5. Course Title MLS Social Science Elective

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

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

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 X No _____

10. Course description (not to exceed 50 words) for Bulletin publication: Prerequisites: LBST D500

MLS graduate elective course in the Social Sciences. Topics vary. May be repeated for credit.

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

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

13. Estimated enrollment: 7-10 of which 100% percent are expected to be graduate students.

14. Frequency of scheduling: every semester Will this course be required for majors? Yes

15. Justification for new course: To provide MLS students with graduate elective options

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

[Signature] Date 4/13/05
Dean of Graduate School (when required)

[Signature] Date 9/21/04
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.

APR 19 2005

Course ID 079993