

New Course Request

Indiana University

Kokomo

Campus

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit

- 1. School/Division SOAS/New Media Communication 2. Academic Subject Code NMCM
- 3. Course Number N401 (must be cleared with University Enrollment Services) 4. Instructor Rotates among ENG & COM Arts faculty
- 5. Course Title Senior Seminar

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

- 6. First time this course is to be offered (Semester/Year): Fall 2007
- 7. Credit Hours: Fixed at _____ or Variable from 1 to 3
- 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: Prerequisites: Junior or Senior Status or Approval of instructor. Senior experience for New Media Communication students. Meets concurrently with ENG L495 nad SPCH C398.

- 11. Lecture Contact Hours: Fixed at _____ or Variable from _____ to _____
- 12. Non-Lecture Contact Hours: Fixed at _____ or Variable from _____ to _____
- 13. Estimated enrollment: 20 of which 0 percent are expected to be graduate students.
- 14. Frequency of scheduling: annually Will this course be required for majors? _____
- 15. Justification for new course: Provide students with Senior experience

- 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: [Signature] Date 5/1/06
Department Chairman/Division Director

Approved by: [Signature] Date 5/1/06
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.