

Course exists in
IU System

New Course Request

Campus

Indiana University

Kokomo

Campus

Check Appropriate Boxes:

Undergraduate credit

Graduate credit

Professional credit

1. School/Division SOAS 2. Academic Subject Code SOC-5

3. Course Number 5344 (must be cleared with University Enrollment Services) 4. Instructor N. GREENWOOD

5. Course Title SOCIOLOGY OF CHILDHOOD -Ph.D

Recommended Abbreviation (Optional) _____

(Limited to 32 Characters including spaces)

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

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

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

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

10. Course description (not to exceed 50 words) for Bulletin publication: _____

DESCRIPTION ALREADY EXISTS
THIS IS AN EXISTING COURSE

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

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

13. Estimated enrollment: 23 of which _____ percent are expected to be graduate students.

14. Frequency of scheduling: AS NEEDED Will this course be required for majors? NO

15. Justification for new course: SOCIOLOGY DEGREE SEEKS TO EXPAND UPPER-LEVEL

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 7/12/05
Department Chairman/Division Director

Date _____
Dean of Graduate School (when required)

Approved by:

[Signature] Date 7/18/05
Dean

[Signature] Date 7/20/05
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.