

Course Change Request

Indiana University

South Bend

Campus

Check Appropriate Boxes:

Undergraduate credit

Graduate credit

Professional credit

- 1. School/Division Dental Education/School of Nursing and Health Professions
- 2. Academic Subject Code: DAST 3. Current Course Number: A172 4. Current Credit Hours: 3
- 5. Current Title: Clinical Science II
- 6. Effective Semester/Year for changes listed below: Spring 2003 7. Instructor: B. MacMillan

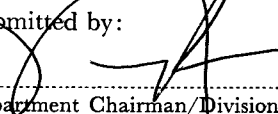
Type of Change Requested (Check appropriate boxes and indicate changes)

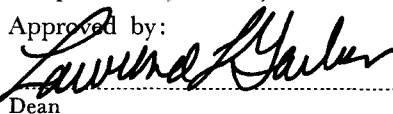
- 8. Change course number to: ..... (must be cleared with University Registrar)
- 9. Current course title: .....  
Change to: .....  
Recommended abbreviation (optional) .....  
(Limited to 32 Characters including spaces)
- 10. Current credit hours fixed at: 4 or variable from: ..... to .....  
Change to credit hours fixed at: ..... or variable from: 4 to 6
- 11. Current lecture contact hours fixed at: ..... or variable from: ..... to .....  
Change to lecture contact hours fixed at: ..... or variable from: ..... to .....
- 12. Current non-lecture contact hours fixed at: ..... or variable from: ..... to .....  
Change to non-lecture contact hours fixed at: ..... or variable from: ..... to .....
- 13. Is this course currently graded with S-F (only) grades? Yes ..... No .....  
Change to S-F (only) grading? Yes ..... No .....
- 14. Does this course presently have variable title approval? Yes ..... No .....  
Is variable title approval being requested? Yes ..... No .....
- 15. Is this course being discontinued? For all campuses ..... or for this campus only .....
- 16. Current course description .....

Change course description to (not to exceed 50 words) .....

17. Justification for change to combine two courses into single, integrated course  
(Use additional paper if necessary)

- 18. Are the necessary reading materials currently available in the appropriate library? .....
- 19. A copy of every course change proposal must be submitted to departments, schools, or divisions in which there may be overlap of this 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:   
 Department Chairman/Division Director  
 Date 3-12-02  
 Dean of Graduate School (when required)

Approved by:   
 Dean  
 Date 5/10/02  
 Chancellor/Vice-President

After School/Division approval, forward the last copy (without attachments) to the University Registrar for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

University Registrar Date .....