

# MATCHING COURSE

## New Course Request

Indiana University

EAST Campus

Check Appropriate Boxes: Undergraduate credit  Graduate credit  Professional credit

1. School/Division HSS 2. Academic Subject Code FINA-4  
3. Course Number 401 (must be cleared with University Enrollment Services) 4. Instructor ED THORPBURG  
5. Course Title SPECIAL TOPICS IN STUDIO ART

Recommended Abbreviation (Optional) \_\_\_\_\_  
(Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): SPRING 2010

7. Credit Hours: Fixed at \_\_\_\_\_ or Variable from 1 to 3

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:  
SPECIAL TOPICS IN STUDIO ART NOT ORDINARILY COVERED IN OTHER DEPARTMENTAL COURSES. MAY BE REPEATED ONCE W/ A DIFFERENT TOPIC.

11. Lecture Contact Hours: Fixed at \_\_\_\_\_ or Variable from 1 to 3

12. Non-Lecture Contact Hours: Fixed at \_\_\_\_\_ or Variable from 1 to 3

13. Estimated enrollment: 10-20 of which 0 percent are expected to be graduate students.

14. Frequency of scheduling: ONCE PER YR Will this course be required for majors? NO

15. Justification for new course: TO ADD A TOPICS COURSE POSSIBILITY TO OUR STUDIO OFFERINGS

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:

\_\_\_\_\_  
Date \_\_\_\_\_  
Department Chairman/Division Director

X Joanne Passet  
Date 12/1/09  
Dean

\_\_\_\_\_  
Date \_\_\_\_\_  
Dean of Graduate School (when required)

Lamona D Richards  
Date 12/1/09  
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.