New Course Request

Indiana University

Check Appropriate Boxes: Undergraduate credit [X]  
Graduate credit []  
Professional credit []

1. School/Division: School of Business
2. Academic Subject Code: INFO
3. Course Number: 1300 (must be cleared with University Enrollment Services)  
4. Instructor: Shapiro/Stager
5. Course Title: Human-Computer Interaction

Recommended Abbreviation (Optional) (Limited to 32 characters including spaces)

6. First time this course is to be offered (Semester/Year): Spring 2011 (4112)
7. Credit Hours Fixed at [X]  
   or Variable from _______ to _______
8. Is this course to be graded S/F (only)? Yes [X]  
   No [ ]
9. Is variable title approval being requested? Yes [ ]  
   No [X]
10. Course description (not to exceed 50 words) for Bulletin publication:
   The analysis of human factors and the design of computer application interfaces. A survey
   of current HCI designs with an eye toward what future technologies will allow.
   The course will emphasize learning HCI based on implementation and testing interfaces.

11. Lecture Contact Hours: Fixed at _______ or Variable from _______ to _______
12. Non-Lecture Contact Hours: Fixed at _______ or Variable from _______ to _______
13. Estimated enrollment: 30 of which 0 percent are expected to be graduate students.
14. Frequency of scheduling: Every Year
15. Justification for new course: Retrieval from master catalogue
16. Are the necessary reading materials currently available in the appropriate library? Yes [X]  
   No [ ]
17. Please append a complete outline of the proposed course, and indicate instructor (if known), 
   textbooks, and other materials.
   See attached
18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether 
   this overlap is necessary, desirable, or unimportant. N/A
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: ____________________________ Date: 4/5/10
Department Chairman/Division Director

Approved by: ____________________________ Date: 4/5/10
Dean

Dean of Graduate School (when required) Date: ________________

Chancellor/Vice-President Date: 5/20/10

University Enrollment Services Date: ________________

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.

UPB 224
University Enrollment Services Final—White  
Chancellor/Vice-President—Blue  
Department/Division—Yellow  
University Enrollment Services Advance—White