

MATCHING COURSE

New Course Request

Indiana University

_____ Campus

Check Appropriate Boxes: Undergraduate credit

Graduate credit

Professional credit

1. School/Division _____ 2. Academic Subject Code _____

3. Course Number _____ (must be cleared with University Enrollment Services) 4. Instructor _____

5. Course Title _____

Recommended Abbreviation (Optional) _____

(Limited to 32 Characters including spaces)

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

7. Credit Hours: Fixed at _____ 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: _____

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

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

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

14. Frequency of scheduling: _____ Will this course be required for majors? _____

15. Justification for new course: _____

16. Are the necessary reading materials currently available in the appropriate library? _____

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 _____
Date Department Chairman/Division Director

_____ Date _____
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.