

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 SPAN-5
3. Course Number ~~241~~ (must be cleared with University Enrollment Services) 4. Instructor Julien SIMON
5. Course Title 241 Golden Age in Translation
Recommended Abbreviation (Optional) literature
(Limited to 32 Characters including spaces)
6. First time this course is to be offered (Semester/Year): ~~Spring 2009~~ 2009 Fall
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: _____

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: retrieval from MCI
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 _____
Department Chairman/Division Director

[Signature]
Date 4/16/09
Dean

Date _____
Dean of Graduate School (when required)

[Signature]
Date 4/17/09
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.