Course Change Request

Indiana University

Check Appropriate Boxes: Undergraduate credit √ Graduate credit □ Professional credit □

1. School/Division: Visual and Performing Arts
2. Academic Subject Code: MUS
3. Current Course Number: L453
4. Current Credit Hours: 1
5. Current Title: Music Therapy Observation Practicum
6. Effective Semester/Year for changes listed below: Fall 2009
7. Instructor: Farlow

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

☐ 8. Change course number to: _______________ (must be cleared with University Enrollment Services)
   Change to: ____________________________
   Recommended abbreviation (optional) ____________________________

☐ 9. Current course title: Music Therapy Observation Practicum
   Change to: ____________________________
   (Limited to 32 Characters including spaces)
   or variable from: ____________________ to ____________________

☐ 10. Current credit hours Fixed at: ____________ or variable from: ____________ to ____________
     Change to credit hours fixed at: ____________ or variable from: ____________ to ____________

☐ 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-P (only) grades? Yes ___ No ___
     Change to S-P (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
   Change to letter grading for more definitive evaluation.
   (Use additional paper if necessary)

18. Are the necessary reading materials currently available in the appropriate library? Yes ___

19. A copy of every new course 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: ____________________________ Date: ____________
Department Chairman/Division Director

Dean of Graduate School (when required)

Approved by: ____________________________ Date: ____________
Chancellor/Vice-President
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.

Address: University Enrollment Services Final-White; Chancellor/Vice-President-Blue; School/Division-Yellow;
Department/Division-Pink; University Enrollment Services Advance-White