### Request for Addition, Expiration, or Revision of an Undergraduate Course

**Department:** Biology  
**Effective Session:** Fall 2009

**Instructions:** Please check the items below which describe the purpose of this request:

1. New course with supporting documents
2. Add existing course offered at another campus
3. Expiration of a course
4. Change in course number
5. Change in course title
6. Change in course credit/type
7. Change in course attributes (department head signature only)
8. Change in Instructional hours
9. Change in course description
10. Change in course requisites
11. Change in semesters offered (department head signature only)
12. Transfer from one department to another

#### Proposed and Existing

<table>
<thead>
<tr>
<th>Subject Abbreviation</th>
<th>Course Number</th>
<th>Long Title</th>
<th>Short Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL</td>
<td>218</td>
<td>Genetics and Molecular Biology</td>
<td>Genetics &amp; Molecular</td>
</tr>
</tbody>
</table>

**Terms Offered**
- **Check All That Apply:**
  - Summer
  - Fall
  - Spring

**Campuses Involved**
- Calumet
- Cont Ed
- N. Central
- Tech Statewide
- Ft. Wayne
- W. Lafayette
- Indianapolis

**Credit Type**
- Fixed Credit: Cr. Hrs.
- Variable Credit Range: Minimum Cr. Hrs. (Check One) To Maximum Cr. Hrs.
- Equivalent Credit: Yes No

**Course Attributes**
- Pass/Not Pass Only
- Satisfactory/Unsatisfactory Only
- Repeatable
- Maximum Repeatable Credit
- Credit by Examination
- Special Fees
- Registration Approval Type

### Course Description

**Include Requisites/Restrictions:**

P: BIOL 117 and 119 with a grade of C or higher and CHM 110 or permission of instructor.

### Cross-Listed Courses

- ____________
- ____________
- ____________

### Course Approval

- **Calumet Department Head**
  - Date: 5/19/09

- **Calumet School Dean**
  - Date: 9/15/09

- **Fort Wayne Department Head**
  - Date: ____________

- **Fort Wayne School Dean**
  - Date: ____________

- **Indiana University Department Head**
  - Date: ____________

- **Indiana University School Dean**
  - Date: ____________

- **North Central Chancellor**
  - Date: ____________

- **West Lafayette Department Head**
  - Date: ____________

- **West Lafayette College/School Dean**
  - Date: ____________

- **West Lafayette Registrar**
  - Date: ____________

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**Office of the Registrar**