TO: Joseph Khamalah – Associate Vice Chancellor for Academic Programs

Patrick McLaughlin - Registrar

FROM: Ann M. Obergfell

RE: Human Services Curriculum change request

DATE: April 3, 2013

Attached please find a Form 40 Request for revision of an undergraduate course. The request is to add HSRV 20100 Clinical Case Study I as a pre-requisite for HSRV 320000 Case Methods.

Since this does not alter the degree program curriculum in any way and is merely a sequencing adjustment, the request is not required to go through the College curriculum committee for review.

I support this addition of the pre-requisite.
PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(10000-40000 LEVEL)

DEPARTMENT Department of Human Services
EFFECTIVE SESSION Spring 2013

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:
Subject Abbreviation
Course Number
Long Title Case Methods
Short Title Case Methods

EXISTING:
Subject Abbreviation HSRV
Course Number 32000
Long Title Case Methods
Short Title Case Methods

TERMS OFFERED
Check All That Apply:
☒ Fail
☒ Spring
Summer

CAMPUS(ES) INVOLVED
☒ Calumet
☒ N. Central
☒ Cont Ed
☒ Tech Statewide
☒ Ft. Wayne
☒ Indianapolis
☒ W. Lafayette

Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)

CREDIT TYPE
1. Fixed Credit: Cr. Hrs. ____________
2. Variable Credit Range:
   Minimum Cr. Hrs. ____________
   (Check One) To
   ☐ Or
   Maximum Cr. Hrs. ____________
3. Equivalent Credit: Yes ☐ No ☐

CREDIT TYPE
1. Pass/Not Pass Only
2. Satisfactory/Unsatisfactory Only
3. Repeatable
4. Maximum Repeatable Credit: ____________
5. Fees: ☐ Coop ☐ Lab ☐ Rate Request
   Include comment to explain fee

COURSE ATTRIBUTES: Check All That Apply
1. Registration Approval Type
   ☐ Department
   ☐ Instructor
2. Variable Title
3. Honors
4. Full Time Privilege
5. Off Campus Experience

Schedule Type
☐ Lecture
☐ Recitation
☐ Presentation
☐ Laboratory
☐ Lab Prep
☐ Studio
☐ Distance
☐ Clinic
☐ Experiential
☐ Research
☐ Ind. Study
☐ Pract/Clin

Minutes Per Week
Meetings Per Week
Weeks Offered
% of Credit Allocated

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):
Add HSRV 20100, Clinical-Case Study 1, to the Pre-requisite list

COURSE LEARNING OUTCOMES:

Calumet Department Head Date
Ft. Wayne Department Head Date
Indy Department Head Date
W. Lafayette Department Head Date

Calumet School Dean Date
Ft. Wayne School Dean Date
Indy School Dean Date
W. Lafayette School Dean Date

OFFICE OF THE REGISTRAR