

OCT 04 2007

OCT 15 2007

Course Change Request

Indiana University

Bloomington

Campus

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit

- 1. School/Division COLL 1
- 2. Academic Subject Code: BIOL 3. Current Course Number: L586 4. Current Credit Hours: 4.5 79
- 5. Current Title: Cell Biology
- 6. Effective Semester/Year for changes listed below: Sp 2008 7. Instructor: Staff

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

- 8. Change course number to: (must be cleared with University Registrar)
- 9. Current course title:
Change to:
Recommended abbreviation (optional)
(Limited to 32 Characters including spaces)
- 10. Current credit hours fixed at: 4.5 or variable from: to
Change to credit hours fixed at: or variable from: 3 to 4.5
- 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-F (only) grades? Yes No
Change to S-F (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 Course may occasionally be offered for 3 crs only
(Use additional paper if necessary)
- 18. Are the necessary reading materials currently available in the appropriate library?
- 19. A copy of every course change 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: [Signature] Date 10/4/07
 Department Chairman/Division Director
 Date
 Dean of Graduate School (when required)

Approved by: [Signature] Date 10/15/07
 Dean
 Date
 Chancellor/Vice-President

University Registrar Date

After School/Division approval, forward the last copy (without attachments) to the University Registrar for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.