

NOV 08 2007

Course Change Request

Indiana University

BL

Campus

Check Appropriate Boxes: Undergraduate credit [] Graduate credit [X] Professional credit [] 80

1. School/Division COLL
2. Academic Subject Code CMLT 3. Current Course Number C641 4. Current Credit Hours 4.0
5. Current Title C641 Literature in Its Intellectual and Cultural Contexts
6. Effective Semester/Year for changes listed below: Spring 2008 7. Instructor: CMLT FACULTY

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

- 8. Change course number to: (must be cleared with University Enrollment Services)
9. Current course title: Change to: Recommended abbreviation (optional)
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-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 NONE

Change course description to (not to exceed 50 words) Topic varies. May be repeated for credit.

17. Justification for change (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: [Signature] Date 11/2
Department Chairman/Division Director

Approved by: [Signature] Date 11/8/07
Dean

Date
Dean of Graduate School (when required)

Date
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.

RECEIVED

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