

SEP 09 2008

(Matching)
New Course Request

Indiana University

East Campus

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit

1. School/Division Social Work 2. Academic Subject Code SWK
3. Course Number S690 (must be cleared with University Enrollment Services) 4. Instructor _____
5. Course Title Independent Study

Recommended Abbreviation (Optional) _____
(Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): Fall 2008
7. Credit Hours: Fixed at _____ or Variable from 1 to 6
8. Is this course to be graded S-F (only)? Yes _____ No X
9. Is variable title approval being requested? Yes X No _____

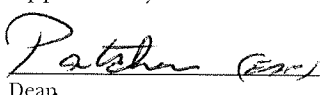
10. Course description (not to exceed 50 words) for Bulletin publication: (Matching - MCI) An opportunity to engage in a self-directed study of an area related to the school's curriculum in which no formal course is available.

11. Lecture Contact Hours: Fixed at _____ or Variable from 1 to 6
12. Non-Lecture Contact Hours: Fixed at _____ or Variable from _____ to _____
13. Estimated enrollment: 30 of which 100% percent are expected to be graduate students.
14. Frequency of scheduling: _____ Will this course be required for majors? Yes
15. Justification for new course: This course is required in the MSW Program; pulling from
16. Are the necessary reading materials currently available in the appropriate library? Yes MCI.
17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.
18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.
19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new 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.

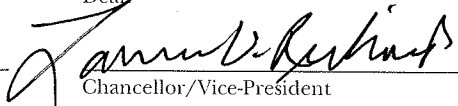
Submitted by:

Approved by:

 Date 7-24-08
Department Chairman/Division Director

 Date 7-24-08
Dean

Date _____
Dean of Graduate School (when required)

 Date 7/28/08
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.