

Course Change Request

Indiana University

Southeast Campus

Check Appropriate Boxes: Undergraduate credit [] Graduate credit [x] Professional credit []

1. School/Division School of Business
2. Academic Subject Code BUSE 3. Current Course Number G533 4. Current Credit Hours 3
5. Current Title Advanced Auditing
6. Effective Semester/Year for changes listed below: Spring 2010 7. Instructor: Tiggos

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: Advance Auditing Change to: Auditing 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

Change course description to (not to exceed 50 words)

17. Justification for change Current Course title is in error (Use additional paper if necessary)

18. Are the necessary reading materials currently available in the appropriate library? N/A

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 10/19/09
Department Chairman/Division Director
[Signature] Date 10/19/09
Dean of Graduate School (when required)

Approved by: [Signature] Date 10/23/09
Dean
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.