

New Course Request

Activation for 2nd Southeast

Indiana University

SouthEast Campus

Check Appropriate Boxes:

Undergraduate credit

Graduate credit

Professional credit

1. School/Division Natural sciences 2. Academic Subject Code INFO-I

3. Course Number 391 (must be cleared with University Enrollment Services) 4. Instructor _____

5. Course Title INFO-391 internship in informatics Professional Practice

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

6. First time this course is to be offered (Semester/Year): Summer 2010

7. Credit Hours: Fixed at _____ or Variable from 1 to 3 credit hr.

8. Is this course to be graded S-F (only)? Yes _____ No

9. Is variable title approval being requested? Yes _____ No

10. Course description (not to exceed 50 words) for Bulletin publication: Approval and complete of 100- and 200-level requirements in informatics. Students gain professional experience in an industry or research organization setting, using skills and knowledge acquired in informatics course work, may be repeated for a maximum of 3 credit hours.

11. Lecture Contact Hours: Fixed at _____ or Variable from _____ to (internship class)

12. Non-Lecture Contact Hours: Fixed at _____ or Variable from _____ to not applicable

13. Estimated enrollment: 0/0/2 of which 0 percent are expected to be graduate students.

14. Frequency of scheduling: Fall/Summer/Spring Will this course be required for majors? will not required for majors.

15. Justification for new course: This course is "activation" - Allow informatics

16. Are the necessary reading materials currently available in the appropriate library? Yes. dents to gain per long a

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials. See attached "contract"

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant. does not overlap with an existing course

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:

Attalhyzanth
Department Chairman/Division Director

Date 4/19/2010

Approved by:

Jim Smith
Dean

Date 4-19-10

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.

Contract INFO I391
Internship in Informatics Professional Practice

Name _____ Student ID# _____

E-mail address: _____ Phone (____) _____

Class Standing (Jr., Sr., Other): _____ Cognate Area: _____

Desired Semester and Year of I391 enrollment: _____

Expected Graduation Date _____

Sponsoring Organization/Employer _____

Address: _____

Supervisor: _____

Phone: (____) _____ E-mail address: _____

Type of Organization: Private Federal State Local Non-profit

Beginning Date: _____ Ending Date: _____ Hours/Week: _____

Is this a paid internship? Yes No If so, amount to be paid: _____

◆ Position Title: _____

Description of Internship Duties (Note: You Internship must be technical in nature)
