SOUTH DAKOTA BOARD OF REGENTS
ACADEMIC AFFAIRS FORMS

New Course Request

Use this form to request a new common or unique course. Consult the system database through Colleague or the Course Inventory Report for information about existing courses before submitting this form.

College of Business & Information Systems

DSU	
Institution	**Division/Department**

Click here to enter a date.

Institutional Approval Signature	**Date**

Section 1. Existing Course Title and Description

If the course contains a lecture and laboratory component, identify both the lecture and laboratory numbers (xxx and xxxL) and credit hours associated with each. Provide the complete description as you wish it to appear in the system database in Colleague and the Course Inventory Report including pre-requisites, co-requisites, and registration restrictions.

Prefix & No.	Course Title	Credits
HIM 101	The Health Information Management Profession	1

Course Description

This course is an exploration of the health information management profession and related professional associations. It also introduces the DSU health information management and other resources to assist students with utilizing the necessary college level skills of critical thinking, effective communication, and cooperative and effective learning.

Pre-requisites or Co-requisites (add lines as needed)

Prefix & No.	Course Title	Pre-Req/Co-Req?
	None	

Registration Restrictions

Section 2. Review of Course

2.1. Was the course first offered as an experimental course (*place an "X" in the appropriate box*)?

☐   Yes (if yes, provide the course information below)   ☒   No

2.2. Will this be a unique or common course (*place an "X" in the appropriate box*)?

☒ **Unique Course**

Prefix & No.	Course Title	Credits

Provide explanation of differences between proposed course and existing system catalog courses below:

☐ **Common Course**   *Indicate universities that are proposing this common course:*
      ☐ BHSU   ☐ DSU   ☐ NSU   ☐ SDSMT   ☐ SDSU   ☐ USD

Section 3. Other Course Information

3.1. Are there instructional staffing impacts?

☒ **No**. Replacement of

      Effective date of deletion: Click here to enter a date.

☐ **No**. Schedule Management, explain below:

☐ **Yes**. Specify below:

3.2. Existing program(s) in which course will be offered: AS. HIT, BS.HIA, healthcare coding certificate, health information certificate

3.3. Proposed instructional method by university: R - Lecture

3.4. Proposed delivery method by university: 001 and 018

3.5. Term change will be effective: 2017 Fall

3.6. Can students repeat the course for additional credit?
☐ Yes, total credit limit: _____   ☒ No

3.7. Will grade for this course be limited to S/U (pass/fail)?
☒ Yes   ☐ No

3.8. Will section enrollment be capped?
☐ Yes, max per section: _____   ☒ No

3.9. Will this course equate (i.e., be considered the same course for degree completion) with any other unique or common courses in the common course system database in Colleague and the Course Inventory Report?

☐ Yes   ☒ No

If yes, indicate the course(s) to which the course will equate (add lines as needed):

Prefix & No.	Course Title

3.10. Is this prefix approved for your university?

☒ Yes   ☐ No

If no, provide a brief justification below:

Section 4. Department and Course Codes (Completed by University Academic Affairs)

4.1. University Department Code: DHIM

4.2. Proposed CIP Code: 51.0706

   Is this a new CIP code for the university?   ☐ Yes   ☒ No