

**Substantial Curriculum Change Form  
(Present only one proposed curriculum change per form)  
(Complete only the section(s) applicable.)**

**Part I**

<b>(Check one)</b>	<b>Department Name</b>	<u>AFIS</u>	
<input checked="" type="checkbox"/> <b>New Course (Parts II, IV)</b>	<b>College</b>	<u>Business &amp; Technology</u>	
<input type="checkbox"/> <b>Course Revision (Parts II, IV)</b>	<b>*Course Prefix &amp; Number</b>	<u>RMI 382</u>	
<input type="checkbox"/> <b>Hybrid Course ("S," "W")</b>	<b>*Course Title (full title±)</b>	<u>Claim Handling Principles and Practices</u>	
<input type="checkbox"/> <b>New Minor (Part III)</b>	<b>*Program Title</b>	_____	
<input type="checkbox"/> <b>Program Suspension (Part III)</b>	_____		
<input type="checkbox"/> <b>Program Revision (Part III)</b>	If Certificate, indicate Long-Term (University) or Short-Term (Departmental)		
	* Provide only the information relevant to the proposal.		± If Title is longer than 30 characters see Part IV to provide abbreviation

  

<b>Proposal Approved by:</b>		<u>Date</u>		<u>Date</u>	
Departmental Committee	<u>2/5/2016</u>	Council on Academic Affairs		<u>3/24/16</u>	
College Curriculum Committee	<u>2/19/2016</u>	Faculty Senate**		<u>NA</u>	
General Education Committee*	<u>NA</u>	Board of Regents**		<u>NA</u>	
Teacher Education Committee*	<u>NA</u>	EFFECTIVE ACADEMIC TERM***		<u>FALL 2016</u>	
Graduate Council*	<u>NA</u>				

\*If Applicable (Type NA if not applicable.)  
 \*\*Approval needed for program revisions or suspensions.  
 \*\*\*To be added by the Registrar's Office after all approval is received.

**Completion of A, B, and C is required: (Please be specific, but concise.)**

<b>A. 1. Specific action requested:</b> (Example: Increase the number of credit hours for ABC 100 from 1 to 2.)	Course Addition
<b>A. 2. Proposed Effective Academic Term:</b> (Example: Fall 2016)	Fall 2016
<b>A. 3. Effective date of suspended programs for currently enrolled students:</b> (if applicable)	NA

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**B. The justification for this action:**  
 To add the claims element to our program and make our program more compatible with other like programs.

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**C. The projected cost (or savings) of this proposal is as follows:**

**Personnel Impact:**  
 None

**Operating Expenses Impact:**  
 None

**Equipment/Physical Facility Needs:**  
 None

**Library Resources:**  
 None

**Part II. Recording Data for New, Revised, or Dropped Course**

(For a **new required course**, complete a separate request for the appropriate program revisions.)

1. For a new course, provide the catalog text.
2. For a revised course, provide the current catalog text with the proposed text using ~~striethrough~~ for deletions and underlines for additions.
3. For a dropped course, provide the current catalog text.

New or Revised\* Catalog Text

(\*Use ~~striethrough~~ for deletions and underlines for additions. Also include Crs. Prefix, No., and description, limited to 35 words.)

**RMI 382 Claim Handling Principles and Practices. (3) A. Prerequisites: 60 hours or departmental approval. Course covers how to apply claims handling principles and claim investigation techniques including; the claim function and professional ethics, handling process, investigation, documentation requirements, negotiation and settlement, and application of the unfair claims practices act.**

**Part IV. Recording Data for New or Revised Course** (Record only **new** or **changed** course information.)

Course prefix (3 letters)	Course Number (3 Digits)	Effective Academic Term (Example: Fall 2016)	College/Division:	Dept. (4 letters)*
RMI	382	Fall 2016	AS _____ HS _____ BT <u>X</u> JS _____ ED _____ UP _____	AFIS
Credit Hrs.	Weekly Contact Hrs.		Repeatable Maximum No. of Hrs. <u>0</u>	
3	Lecture _____ 3	Laboratory _____ Other _____	CIP Code (first two digits only) <u>52</u>	
Schedule Type* (List all applicable)	Work Load (for each schedule type)	Grading Mode*	Class Restriction, if any: (undergraduate only)	
1	3	N	FR _____ JR _____ SO _____ SR _____	
		Grading Information: Course is eligible for IP (in-progress grading) for: <u>Check all applicable</u>	Course Title Abbreviation:(30 character limit)	
		Thesis _____		
		Internship _____		
		Independent Study _____		
		Practicum _____		

**CoRequisites and Prerequisites** **\*\*See definitions on following page\*\*****Co-Requisite(s):** (List only co-requisites. See below for prerequisites and combinations.)

Course Prefix and No.

Course Prefix and No.

**Prerequisite(s):** (List prerequisites only. List combinations below. Use "and" and "or" literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.

Course Prefix and No.

Test Scores

Minimum GPA (when a course grouping or student cumulative GPA is required)

**60 hours or departmental approval****Co-requisite(s) and/or Prerequisite(s) Combination** (Use "and" and "or" literally.) (Specific minimum grade requirements should be placed in ( ) following courses. Default grade is D-.)

Course Prefix and No.

Test Scores

Minimum GPA (when a course grouping or student cumulative GPA is required)

**Equivalent Course(s):** (credit will not be awarded for both...; or formerly...)

Course Prefix and No.

Course Prefix and No.

Course Prefix and No.

Proposed General Education Element: Please mark (X) in the appropriate Element or Elements

Element 1 (9)	Element 2 (3)	Element 3 (6)	Element 4 (6)	Element 5 (6)	Element 6 (6)	Wellness
1A (3)	2 (3)	3A (3)	4(6)	5A (3)	6 (6)	
1B (3)		3B (3)		5B (3)		
1C (3)		or 3A/B Integrated A&H(6)				