

New Course Request

Indiana University

Indianapolis Campus

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit

1. School/Division Business 2. Academic Subject Code BUS

3. Course Number I-549 (must be cleared with University Enrollment Services) 4. Instructor _____

5. Course Title Info Tech for Managers

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

6. First time this course is to be offered (Semester/Year): 4098

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 _____ No x

10. Course description (not to exceed 50 words) for Bulletin publication: Study of information systems management including computer and communications concepts, IT investment decisions, business application systems acquisition and implementation, end-user support structures, e-commerce applications and strategic capabilities. Readings and case analysis are used to address practical issues in the application of information technology.

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: 45 of which 100% percent are expected to be graduate students.

14. Frequency of scheduling: yearly Will this course be required for majors? _____

15. Justification for new course: Indianapolis version. Equalivent to Bukd-F 711

16. Are the necessary reading materials currently available in the appropriate library? yes

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: [Signature] Date 4/16/09
Department Chairman/Division Director

Approved by: [Signature] Date 4/20/09
Dean

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.