Course Change Request

Indiana University
IUINA Campus

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

1. School/Division: School of Physical Education and Tourism Management
2. Academic Subject Code: TCEM
3. Current Course Number: 310
4. Current Credit Hours: 3
5. Current Title: Special Event Management
6. Effective Semester/Year for changes listed below: Fall 2009
7. Instructor: Staff

Type of Change Requested (Check appropriate boxes and indicate changes)

[✓] 8. Change course number to: 210 (must be cleared with University Enrollment Services)

[✓] 9. Current course title: Special Event Management
   Change to: ________________________________
   Recommended abbreviation (optional) ________________________________ (Limited to 32 Characters including spaces)

[ ] 10. Current credit hours fixed at: ____________ or variable from: ____________ to ____________

[ ] 11. Current lecture contact hours fixed at: ____________ or variable from: ____________ to ____________

[ ] 12. Current 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: Course topics will include planning for social events such as theme parties, weddings, or balls, planning for fund raiser events, planning recognition events, and planning entertainment events.
   Change course description to (not to exceed 50 words) Same as above

17. Justification for change: Revised plan of study to meet industry needs. (Use additional paper if necessary)

18. Are the necessary reading materials currently available in the appropriate library? Yes ____

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: Date ____________

Department Chairman/Division Director

Dean of Graduate School (when required)

Approved by: Date ____________

Dean

Chancellor/Vice-President

University Enrollment Services

Date ____________

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.