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
319

4. Current Credit Hours
3

5. Current Title
Management of Sports Events

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: 219 (must be cleared with University Enrollment Services)


Change to:

Recommended abbreviation (optional)

(Limited to 32 Characters including spaces)

☐ 10. Current credit hours fixed at: or variable from: to

Change to credit hours fixed at: or variable from: to

☐ 11. Current lecture contact hours fixed at: or variable from: to

Change to lecture contact hours fixed at: or variable from: to

☐ 12. Current non-lecture contact hours fixed at: or variable from: to

Change to 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
Amateur or professional sport event planning will include discussion of site selection, logistics, personnel, marketing, economics, and legalities of hosting an event.

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

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.