**Course Change Request**

**Indiana University**

**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: L391
4. Current Credit Hours: 1
5. Current Title: Event Catering Management Lab
6. Effective Semester/Year for changes listed below: Fall 2009
7. Instructor: Staff

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

- [✓] Change course number to: L310 (must be cleared with University Enrollment Services)
- [✓] Change course title: Event Catering Management Lab
- [✓] Change to: __________
- [✓] Recommended abbreviation (optional) __________ (Limited to 32 Characters including spaces)
- [ ] Change to credit hours fixed at: __________ or variable from: __________ to __________
- [ ] Current lecture contact hours fixed at: __________ or variable from: __________ to __________
- [ ] Current non-lecture contact hours fixed at: __________ or variable from: __________ to __________
- [ ] Is this course currently graded with S-F (only) grades? Yes ___ No ___
- [ ] Change to S-F (only) grading? Yes ___ No ___
- [ ] Does this course presently have variable title approval? Yes ___ No ___
- [ ] Is variable title approval being requested? Yes ___ No ___
- [ ] Is this course being discontinued? For all campuses ___ or for this campus only ___
- [✓] Current course description: Students will apply their knowledge from TCEM 310 to execute and evaluate catered events.

Change course description to (not to exceed 50 words): (Discontinue TCEM L391) 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: 4/3/08
Department Chair/Division Director

Approved by: ____________________________ Date: 4/8/08
Dean

Dean of Graduate School (when required)

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.

**UPS 725**

University Enrollment Services Final—White; Chancellor/Vice-President—Blue; School/Division—Yellow; Department/Division—Pink; University Enrollment Services Advance—White