

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 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)

8. Change course number to: L310 (must be cleared with University Enrollment Services)

9. Current course title: Event Catering Management Lab

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: 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:

[Signature]

Date 4/8/08

Department Chairman/Division Director

Approved by:

[Signature]

Date 4-8-08

Dean

Dean of Graduate School (when required)

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.