

New Course Request

Indiana University

Kokomo

Campus

Check Appropriate Boxes:

Undergraduate credit

Graduate credit

Professional credit

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

3. Course Number 490 (must be cleared with University Registrar) 4. Instructor

5. Course Title Independent Studies in Decision Sciences

Recommended Abbreviation (Optional) (limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): 4058

7. Credit Hours: Fixed at or Variable from 1 to 3

8. Is this course to be graded S-F (only)? Yes No

9. Is variable title approval being requested? Yes No

10. Course description (not to exceed 50 words) for Bulletin publication:

Supervised individual study and research in student's special field of interest. The student will propose the investigation desired and, in conjunction with the instructor, develop the scope of work to be completed. Written report required.

11. Lecture Contact Hours: Fixed at or Variable from to

12. Non-Lecture Contact Hours: Fixed at or Variable from to

13. Estimated enrollment: of which percent are expected to be graduate students.

14. Frequency of scheduling: As needed Will this course be required for majors?

15. Justification for new course: To serve students with special interests in Decision Science

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:

Approved by:

[Signature] Date 11/15/04  
Department Chairman/Division Director

[Signature] Date 11/15/04  
Dean

Date  
Dean of Graduate School (when required)

[Signature] Date  
Chancellor/Vice-President

Date  
University Registrar

After School/Division approval, forward the last copy (without attachments) to the University Registrar for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.