

To Campus

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 - P

3. Course Number 480 (must be cleared with University Registrar) 4. Instructor

5. Course Title Professional Practice in Operations Management

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 3 to 6

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: \_\_\_\_\_

Junior or senior standing in major area and consent of instructor. Provides work experience in a cooperating firm or agency. Comprehensive written report required. Grades of S or F are assigned by faculty.

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: Interlink

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.