

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-J

3. Course Number 411 (must be cleared with University Enrollment Services) 4. Instructor _____

5. Course Title Small Business Management and Entrepreneurship

Recommended Abbreviation (Optional) _____

(Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): Fall 2008

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

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

9. Is variable title approval being requested? Yes _____ No X

10. Course description (not to exceed 50 words) for Bulletin publication: **P: BUS-F 301, BUS-M 301, BUS-P 301, & R:completion of or concurrent BUS-Z302**

enrollment of BUS-J 401. This course integrates students' knowledge in various application of management theory and development of practical solutions for real problems necessary to formulate a business plan. Attention is given to the role of the entrepreneur or small business manager.

11. Lecture Contact Hours: Fixed at 3 or Variable from _____ to _____

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

13. Estimated enrollment: 20 of which 0 percent are expected to be graduate students.

14. Frequency of scheduling: every other fall semester Will this course be required for majors? NO

15. Justification for new course: Will add depth to the students' course choices within management area.

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:

[Signature] Date 03/17/08
Department Chairman/Division Director

Approved by:

[Signature] Date 03/17/08
Dean

Date _____
Dean of Graduate School (when required)

Date _____
Chancellor/Vice-President

Date _____
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.