

ORIGINATOR'S SECTION:

1. College: COBA Desired Term: Fall and Year 2007 ²⁰⁰⁸ of implementation for change(s).

2. Current Course abbreviation and Number: ITM 406

TYPE OF CHANGE(S). Check all that apply.

Course Number Change	<input checked="" type="checkbox"/>	Delete Prerequisite	<input type="checkbox"/>	Other Prerequisite Change	<input type="checkbox"/>
Course Title Change	<input type="checkbox"/>	Add Corequisite	<input type="checkbox"/>	Grading Method Change	<input type="checkbox"/>
Unit Value Change	<input type="checkbox"/>	Delete Corequisite	<input type="checkbox"/>	Mode of Instruction Change (C/S Number)	<input type="checkbox"/>
Description Change	<input type="checkbox"/>	Add Consent for Enrollment	<input type="checkbox"/>	Consider for G.E. If yes, also fill out appropriate GE form.	<input type="checkbox"/>
Add Prerequisite	<input type="checkbox"/>	Delete Consent for Enrollment	<input type="checkbox"/>	Cross-list	<input type="checkbox"/>

Information in this section-- both current and new -- is required only for items checked () above.

NEW INFORMATION:

Course abbreviation and Number: OM 406

CURRENT INFORMATION:

3. Title: _____ Title: *(Titles using jargon, slang, copyrighted names, trade names, or any non-essential punctuation may not be used.)*

4. Abbreviated Title for Banner *(no more than 25 characters):* _____ Abbreviated Title for Banner: *(no more than 25 characters, including spaces)*

5. Number of Units: _____ Number of Units:

6. Catalog Description: _____ Catalog Description

7. Mode of Instruction* *(See pages 17-23 at <http://www.calstate.edu/cim/data-elem-dic/APDB-Transaction-DED-SectionV.pdf> for definitions of the Course Classification Numbers)*

Type of Instruction	Number of Credit Units	Instructional Mode (Course Classification Number)	Type of Instruction	Number of Credit Units	Instructional Mode (Course Classification Number)
Lecture	_____	_____	Lecture	_____	_____
Activity	_____	_____	Activity	_____	_____
Lab	_____	_____	Lab	_____	_____

8. Grading Method:*
 Normal (N) *(Allows Letter Grade +/-, and Credit/No Credit)*
 Normal Plus Report-in-Progress (NP) *(Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress)*
 Credit/No Credit Only (C)
 Credit/No Credit or Report-in-Progress Only (CP)

Grading Method:*
 Normal (N) *(Allows Letter Grade +/-, and Credit/No Credit)*
 Normal Plus Report-in-Progress (NP) *(Allows Letter Grade +/-, Credit/No Credit, and Report-in-Progress)*
 Credit/No Credit Only (C)
 Credit/No Credit or Report-in-Progress Only (CP)

9. If the NP or CP grading system was selected, please explain the need for this grade option.

10. Course Requires Consent for Enrollment? Yes No
 Faculty Credential Analyst Dean
 Program/Department - Director/Chair

Course Requires Consent for Enrollment? Yes No
 Faculty Credential Analyst Dean
 Program/Department - Director/Chair

*If Originator is uncertain of this entry, please consult with Program Director/Chair.

CURRENT INFORMATION:

NEW INFORMATION:

11. Course Can be Taken for Credit More than Once? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times _____ (including first offering)	Course Can be Taken for Credit More than Once? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times _____ (including first offering)
12. Is Course Cross-listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which course _____	Is Course Cross-listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which course _____ and check "yes" in item #17 below.
13. Prerequisite(s):	Prerequisite(s):
14. Corequisite(s):	Corequisite(s):
15. Documentation attached: Syllabus or _____ Detailed Course Outline	

PROGRAM DIRECTOR/CHAIR - COLLEGE CURRICULUM COMMITTEE SECTION:

(Mandatory information -- all items in this section must be completed.)

16. Does this course fulfill a requirement for any major (i.e. core course or elective for a major, majors in other departments, minors in other departments)? YES NO _____
 If yes, please specify:

Elective course for Global Supply Chain Management Option.

17. Does this course change impact other discipline(s)? *(If there is any uncertainty as to whether a particular discipline is affected, check "yes" and obtain signature.)* Check "yes" if the course is cross-listed. _____ Yes No
 If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

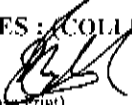
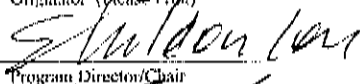
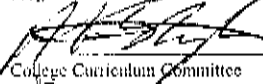
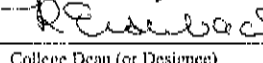
_____	_____	_____	Support	_____	Oppose
Discipline	Signature	Date			
_____	_____	_____	Support	_____	Oppose
Discipline	Signature	Date			

18. Reason(s) for changing this course:

Since the HTM option will be replaced by two new options: MIS and GSCM, and the focus of the GSCM is operations management, the course name should be changed to OM 406 accordingly.

SIGNATURES : (COLLEGE LEVEL) :

(UNIVERSITY LEVEL)

Robert Aboohan  4/10/02
 1. Originator (Please Print) Date
 Sheldon  4/4/02
 2. Program Director/Chair Date
 4/11/07
 3. College Curriculum Committee Date
 4/11/02
 4. College Dean (or Designee) Date

 5. UCC Committee Chair Date

 6. Vice President for Academic Affairs (or Designee) Date

 7. President (or Designee) Date