California State University, San Marcos

- Authorization To Offer Non-Degree Extension Credit Course Through Extended Studies

1. Desired Term: Fall
2a. Course abbreviation and Number: BUS 1540
2b. Abbreviated Title: Managing Healthcare System Change
3. College: College of Business Administration
4. Number of Units: 2
5. Billing Units: 2
6. Allowed Student Levels: UG_ X_ GR_ X_ EE_ X_ (Default is to check all three levels)
7. Grading Method: _X_ Normal (N) (Default is Letter Grade +/-, Students may request Credit/No Credit)
   _____ Normal Plus Report-in-Progress (NP) (As for Normal; also allows Report-in-Progress)
   _____ Credit/No Credit Only (C)
   _____ Credit/No Credit or Report-in-Progress Only (CP)
8. Mode of Instruction:
   (See pages 17-23 at http://www.calstate.edu/cim/data-element/APDB-Transaction-DEF-SectionV.pdf for definitions of the Course Classification Numbers)
<table>
<thead>
<tr>
<th>Type of Instruction</th>
<th>Number of Credit Units</th>
<th>Instructional Mode (Course Classification Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture</td>
<td>2</td>
<td>02</td>
</tr>
<tr>
<td>Activity</td>
<td></td>
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<tr>
<td>Lab</td>
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</tbody>
</table>
9. Attributes: Course Requires Consent for Enrollment? _X_ Yes _____ No
   Faculty _______ Credential Analyst _______ Dean __ X__ Program/Department - Director/Chair
   Prerequisites: ____________________________
   Co-requisites: ____________________________
10. Does this course impact other discipline(s)? (If there is any uncertainty as to whether a particular discipline is affected, check “yes” and obtain signature.) _____ Yes _____ No
   If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.
   Discipline __________ Signature __________ Date __________ Support ______ Oppose ______

Important: Please Complete

1. Instructor _______ Jack Leu _______  
2. Please complete the Extension Course Proposal Form http://www.csusm.edu/academic_programs/Curriculum_Forms/index.html

SIGNATURES: (COLLEGE LEVEL)  
1. Program Director/Chair _______ Date _______  
2. College Dean (or Designee) _______ Date _______  

(UNIVERSITY LEVEL)  
3. Dean of Extended Studies (or Designee) _______ Date _______  
4. Vice President for Academic Affairs (or Designee) _______ Date _______  

VPS _______ 5/14/12