



SACRAMENTO STATE

Course Change Proposal Form A



Academic Group (College): College of Business Administration	Academic Organization (Department): Operations Management/Decision Sciences	Date: March 28, 2007
Type of Course Proposal: New <input checked="" type="checkbox"/> Change <input type="checkbox"/> Deletion <input type="checkbox"/>	Department Chair: (Associate Dean) Russell K.H. Ching	Submitted by: Marty Wilson
Does this course fulfill a requirement for single-subject or multiple subject credential students? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	For Catalog Copy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> CCE: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Semester Effective: Fall <input type="checkbox"/> Spring <input checked="" type="checkbox"/> , 2008

This course replaces experimental course Subject Area (prefix) and Catalog Number (course number):	No.
This Catalog Number (course number) is being replaced:	No.

Change from:

Subject Area (prefix) & Catalog No. (course no.):	Title:	Units:
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Change to:

Subject Area (prefix) & Catalog No. (course no.): OPM 194	Title: Cooperative Education Experience in Operations Management.	Units: 3
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JUSTIFICATION:

In the past, this course was offered under MGMT 194. Before the College of Business reorganized, operations management students were housed in the Department of Management and enrolled in MGMT 194 for cooperative education. After the reorganization, course designations were changed to reflect concentration, and not department. Therefore, this course needs to be added for students who are concentrating in operations management.

NEW COURSE DESCRIPTION: (Not to exceed 80 words, and language should conform to catalog copy. See <http://www.csus.edu/acad/univmanual/crspsl.htm> - Guidelines for Catalog Course Description)

OPM 194. Cooperative Education Experience in Operations Management. In-depth supervised work experience in operations management for the purpose of exposing the student to comprehensive operations management experience in business, governmental, or service agencies. **Note:** Open to all upper division students, subject to permission of the Associate Dean for Undergraduate Programs. **Prerequisite:** Minimum overall GPA of 2.5. Graded Credit/no Credit. 6-12 units.

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Prerequisite: Minimum overall GPA of 2.5. Graded Credit/no Credit.

Enforced at Registration: Yes No

Corequisite:
Enforced at Registration: Yes No

CAN (California Articulation Number):

Graded: Letter Credit/No Credit

Instructor Approval Required? Yes No

Course Classification (e.g., lecture, lab, seminar, discussion):
Title for SIS+/CMS (not more than 30 characters)
COOPERATIVE ED EXPER OPM

Cross Listed? Yes No
If yes, do they meet together and fulfill the same requirement, and what is the other course.

How Many Times Can This Course be Taken for Credit? 1

Can the course be taken for Credit more than once during the same term? Yes No

FOR NEW COURSE PROPOSALS OR SUBSTANTIVE CHANGES ONLY:

Description of the Expected Learning Outcomes: Describe outcomes using the following format: "Students will be able to: 1), 2), etc."
 See the example at <http://www.csus.edu/acaf/example.htm>

****Attach a list of the required/recommended course readings and activities [Note: it is understood that these are updated and modified as needed by the instructor(s).] This attachment should be forwarded only to your Dean's office, not Academic Affairs.**

Assessment Strategies: A description of the assessment strategies (e.g., portfolios, examinations, performances, pre-and post-tests, conferences with students, student papers) which will be used by the instructor to determine the extent to which students have achieved the learning outcomes noted above:

For whom is this course being developed?

Majors in the Dept ___ Majors of other Depts ___ Minors in the Dept ___ General Education ___ Other ___
 Is this course required in a degree program (major, minor, graduate degree, certificate)? Yes ___ No ___
 If yes, identify program(s):

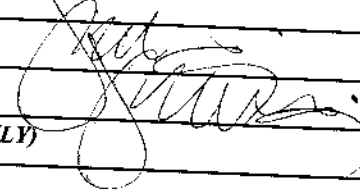
Does the proposed change or addition cause a significant increase in the use of College or University resources (lab room, computer facilities, faculty, etc.)? Yes ___ No ___
 If yes, attach a description of resources needed and verify that resources are available.

Indicate which department or programs will be affected by the proposed course (if any). _____

The Department Chair's signature below indicates that affected programs have been sent a copy of this proposal form.

Approvals: If proposed change, new course or deletion is approved, sign and date below. If not approved, forward without signing to the next reviewing authority, and attach an explanatory memorandum to the original copy.

Signatures:

	Date
Department Chair: 	4-3-07
College Dean or Associate Dean:	4-3-07
CPSP (for school personnel courses ONLY)	
Associate Vice President and Dean for Academic Programs	

Distribution: Academic Affairs (original), Department Chair and College Dean. Dean's office to send original after approval to Academic Affairs, at mail zip 6016. An electronic copy must also be sent.