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

This Catalog Number (course number) is being replaced:

<table>
<thead>
<tr>
<th>Change from:</th>
<th>Change to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject Area (prefix) &amp; Catalog No. (course no.):</td>
<td>Subject Area (prefix) &amp; Catalog No. (course no.):</td>
</tr>
<tr>
<td>Title:</td>
<td>Title: Experimental Offerings in Operations Management.</td>
</tr>
<tr>
<td>Units:</td>
<td>Units: 3</td>
</tr>
</tbody>
</table>

**JUSTIFICATION:**
In the past, this course was offered under MGMT 196. Before the College of Business reorganized, operations management students were housed in the Department of Management and enrolled in MGMT 196 for an experimental offering in the operations management area. 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/acaf/univmanual/crspsl.htm - Guidelines for Catalog Course Description)

**OPM 196. Experimental Offerings in Operations Management.** For advanced students who wish to investigate operations management problems in specialized areas. Application of research methods; selection and statement of a problem; collection and analysis of relevant data. 3 units

**Note:**
Prerequisite: OPM 101; senior status or instructor permission.
Enforced at Registration: Yes X  No
Corequisite:
Enforced at Registration: Yes  No

**CAN (California Articulation Number):**

**Graded:** Letter X Credit/No Credit

**Course Classification (e.g., lecture, lab, seminar, discussion):** In this course, students are expected to develop a comprehensive understanding of the theory and practice of operations management. The course is designed to provide students with the skills necessary to analyze and solve complex operational problems. 3 units

**Instructor Approval Required?** Yes X  No

**Title for SIS+/CMS (not more than 30 characters):** EXPERIMENTAL OFFERINGS OPM

**Cross Listed?** Yes X  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.

Learning outcomes will be determined by the individual faculty based on the specific topics involved.

**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.

Assessment strategies will be determined by the instructor based on the specific topics involved. These may include case studies, exams, term projects, and reports.

For whom is this course being developed?
Majors in the Dept _X_ 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 _X__
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 _X__
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: 4-3-97

| College Dean or Associate Dean: | 4-3-97 |
| CPSP (for school personnel courses ONLY) | 4-3-97 |
| 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 mall zip 6016. An electronic copy must also be sent.