

# Course Withdrawals

**Graduate Council Report**

**March 1, 2012**

**Course Withdrawals**

**MKTG 679.** Retail Management and Consulting

**PSAA 662.** Health System Plans and Policy

**Texas A&M University**  
**Departmental Request for a Change in Course**  
**Undergraduate ♦ Graduate ♦ Professional**

• Submit original form and attachments •

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 FEB 23 2012  
 GRADUATE STUDIES

1. Request submitted by (Department or Program Name): Department of Marketing

2. Course prefix, number and complete title of course: MKTG 679 Retail Mgmt & Consulting

Attach a brief supporting statement for changes made to items 3a thru 3d, and 6 below.

3. Change requested

a. Prerequisite(s): From: \_\_\_\_\_ To: \_\_\_\_\_

b. Withdrawal (reason): course no longer needed in curriculum

c. Cross-list with: \_\_\_\_\_

Cross-listed courses require the signature of both department heads.

d. Change in course title and description. Enter complete current course title and current course description in item 5; enter proposed course title and proposed course description in item 6. Complete item 7 for change in title.

e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 7. Attach a course syllabus.

4. For informational purposes only, please indicate course number if this course will be stacked: \_\_\_\_\_

5. Complete current course title and current catalog course description: \_\_\_\_\_

6. Complete proposed course title and proposed catalog course description (not to exceed 50 words): \_\_\_\_\_

7. a. As currently in course inventory:

Prefix			Course #			Title (excluding punctuation)																					
M	K	T	G	6	7	9	R	E	T	A	I	L	M	G	M	T	&	C	O	N	S	U	L	T	I	N	G
Lect.	Lab	SCH				CIP and Fund Code				Admin. Unit				FICE Code				Level									
0	3	0	0	0	3	5	2	1	4	0	1	0	0	1	6	1	8	3	0	0	0	3	6	3	2	3	

b. Change to:

Prefix			Course #			Title (excluding punctuation)																									
Lect.	Lab	SCH				CIP and Fund Code				Admin. Unit				Acad. Year				FICE Code													
																		-								0	0	3	6	3	2
															Level																

Approval recommended by:

P. Varadarajan P. VARADARAJAN 02/21/12 [Signature] 2/21/12  
 Department Head or Program Chair (Type Name & Sign) Date Chair, College Review Committee Date

Department Head or Program Chair (Type Name & Sign) Date Dean of College Date  
 (if cross-listed course)

Submitted to Coordinating Board by: Chair, GC or UCC Date

Associate Director, Curricular Services Date Effective Date

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 CURRICULAR SERVICES

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FEB 22 2012

GRADUATE STUDIES

Texas A&M University
Departmental Request for a Change in Course
Undergraduate ♦ Graduate ♦ Professional
• Submit original form and attachments •

Form Instructions

- 1. Request submitted by (Department or Program Name): Bush School of Government and Public Service
2. Course prefix, number and complete title of course: PSAA 662, Health System Plans and Policy

Attach a brief supporting statement for changes made to items 3a thru 3d, and 6 below.

- 3. Change requested
a. Prerequisite(s): From: To:
b. Withdrawal (reason): Course is no longer offered.
c. Cross-list with:
d. Change in course title and description. Enter complete current course title and current course description in item 5; enter proposed course title and proposed course description in item 6. Complete item 7 for change in title.
e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 7. Attach a course syllabus.
4. For informational purposes only, please indicate course number if this course will be stacked:
5. Complete current course title and current catalog course description:

Cross-listed courses require the signature of both department heads.

- 6. Complete proposed course title and proposed catalog course description (not to exceed 50 words):

- 7. a. As currently in course inventory:

Table with columns: Prefix, Course #, Title (excluding punctuation), Lect., Lab, SCH, CIP and Fund Code, Admin. Unit, FICE Code, Level. Contains data for PSAA 662 HEALTH SYSTEM PLANS AND POLICY.

- b. Change to:

Table with columns: Prefix, Course #, Title (excluding punctuation), Lect., Lab, SCH, CIP and Fund Code, Admin. Unit, Acad. Year, FICE Code, Level. Contains empty fields for a new course entry.

Approval recommended by:

Department Head or Program Chair (Type Name & Sign) Date
Jeryl Mumpower
Department Head or Program Chair (Type Name & Sign) Date
Forster Ndubisi

Chair, College Review Committee Date 2/21/12
Dean of College Date 2/21/12

Submitted to Coordinating Board by:

Chair, GC or UCC Date

Associate Director, Curricular Services

Date Effective Date