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

Form Instructions
1. Course request type: ☐ Undergraduate ☐ First Professional (DDS, MD, JD, PharmD, DVM) ☒ Graduate
2. Request submitted by (Department or Program Name): Department of Agricultural Leadership, Education, and Communications
3. Course prefix, number and complete title of course: ALEC 621 Methods of Online Survey Research in Agricultural Science

Attach a brief supporting statement for changes made to items 1a thru 4d, and 10 below.

4. Change requested
a. Prerequisite(s): From: ___________________________ To: ___________________________
   Course has not been taught in years. Duplicative course. Course content subsumed by updating ALEC 620 --
   Instrumentation and Survey Research Methods.

b. Withdrawal (reason): ___________________________

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 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.

c. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.

5. Is this an existing core curriculum course? ☐ Yes ☒ No
6. If grade type is changing for existing course, indicate the new grade type: ☐ Grade ☐ S/U ☐ P/F (CLMD)
7. If this course will be stacked, please indicate the course number of the stacked course: ___________________________
8. I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education).
9. Complete current course title and current catalog course description: ___________________________

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

11. a. As currently in course inventory:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course #</th>
<th>Title (excluding punctuation)</th>
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<td>MTD ONLINE SRVY RES AGSC</td>
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   b. Change to:

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<th>FICE Code</th>
</tr>
</thead>
</table>

Approval recommended by:

[Signatures and dates]

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra-williams@tamu.edu.
Curricular Services – 08/14
Texas A&M University  
Department of Agricultural Education  
ALEC 621: Methods of Online Survey Research in Agricultural Science  
Fall 2011 (3 credits)

Instructor: Gary Wingenbach, Professor  
2116 TAMU, AGLS 261  
Voice Mail: 862-1507  
E-mail: g-wingenbach@tamu.edu

Office Hours: By appointment and walk-ins welcome.  
Web Site: http://agej.tamu.edu/621/621.html  
Schedule: Monday, 12:40-3:40 p.m., AGLS 109.  
Prerequisite: ALEC 690 or similar Theory of Research course.  
Supplies: One flash drive.  

Course Description:
Current survey research, once relegated to telephonic and postal mail delivery methods, has taken advantage of Internet technologies to collect social science data from audiences worldwide. Students explore the technical requirements necessary to correctly establish and administer online social science data collection instruments. Specific skills include writing * .asp code, database design and management, verification/permission sets, creating informational pop-ups, drop-down menus, and assorted graphics.

Course Objectives:
1. Develop an online social science survey using * .asp code and interactive database technologies.
2. Design and construct textual/memo information fields.
3. Develop Likert-type questions and scales including reverse-coded items.
4. Create multiple-choice and T/F response sets.
5. Develop interactive elements: pop-ups, drop-downs, and graphics.
6. Identify a population of interest, sample, etc.
7. Post/publish one online survey research instrument.
8. Collect data, provide follow-up techniques, etc.
9. Analyze results; compare response rates.
10. Develop research paper for presentation/publication.

References:
Projected Course Outline/Topics:

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<tr>
<th>Week</th>
<th>Tentative Topics</th>
<th>Text</th>
<th>Deadlines</th>
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<tr>
<td>1</td>
<td>Introduction and Overview (Proposed Study)</td>
<td>Ch. 1</td>
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<td>2</td>
<td>Mixed Mode Surveys (*.asp Code)</td>
<td>Ch. 8</td>
<td>Scope</td>
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<td>3</td>
<td>Survey Design Characteristics (Tables/IRB Paperwork)</td>
<td>Ch. 10</td>
<td>IRB Forms</td>
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<td>Organizing Information: Online Visual Appeal (*.asp Code)</td>
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<td>Textual/Memo Information Fields (*.asp Code; Delphi)</td>
<td>Ch. 6</td>
<td>Background</td>
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<td>Likert Responses: M/C—T/F (*.asp Code; Alt. Correct)</td>
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<td>Database Structures (MS Access)</td>
<td>Web</td>
<td>Lit. Rev.</td>
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<td>Secondary Files: Consent/Acknowledge (HTML; Pre-notice)</td>
<td>Ch. 7</td>
<td>Pop./Sample</td>
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<td>9</td>
<td>Post/Publish Online Surveys (Data Collection)</td>
<td>Ch. 11</td>
<td>Methods</td>
<td>10</td>
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<td>10</td>
<td>Follow-up Techniques (Sample Group Management)</td>
<td>Ch. 13</td>
<td>Pre-Results</td>
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<td>Data Collection (Data Preparation; Transfer; Analyses)</td>
<td>Web</td>
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<td>Interactive Elements: Graphics (*.asp Code)</td>
<td>Web</td>
<td>Results</td>
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THANKSGIVING

| 13   | Interactive Elements: Drop-downs (*.asp Code)          | Web   | Discussion| 9  |

Final  Manuscript Submitted for Presentation/Publication

Grading Scale:

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<td>D</td>
<td>60 - 69.9</td>
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<td>F</td>
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Academic Dishonesty: All class members must comply with TAMU policies regarding scholastic dishonesty and other issues outlined in the official student rules.

ADA Policy Statement: The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please contact the Department of Student Life, Services for Students with Disabilities in Cain Hall, Rm. B118 or call 845-1637.

Course Writing Policy: The Publication Manual of the American Psychological Association (American Psychological Association, 2001) is the primary style guide for several disciplines, including agricultural education. The Publication Manual of the APA provides systematic and consistent rules for grammar, punctuation, spelling, quoting, manuscript format, presentation of tabular or graphic data, citations within the text, and referencing. It should not hinder your personal writing style. Applying Publication Manual rules to your writing (a) helps you learn APA style requirements, (b) allows readers to focus on the manuscript’s content, and (c) suggests high-quality scholarly writing. When preparing and submitting papers, manuscripts, and other assignments for this course, you will follow the rules prescribed in the Publication Manual of the APA (5th ed.). Adherence to these rules will be considered in the grading of all assignments.

Copyrights: Please note that all handouts and supplements used in this course are copyrighted. This includes all instructor-generated materials for this class, including syllabi, exams, in-class materials, review sheets, and lecture outlines. Materials may be downloaded or photocopied for personal use only, and may not be given, traded, or sold to other individuals.
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
• Submit original form and attachments •

Form Instructions
1. Course request type:
   □ Undergraduate • Graduate • First Professional (DO, MD, JD, PharmD, DM)
2. Request submitted by (Department or Program Name): Health Policy & Management
3. Course prefix, number and complete title of course: PHPM 624 - Health Care Financial Management II

Change requested
a. Prerequisite(s): From: PHPM 605, PHPM 623 To: Grad Student Status
b. Withdrawal (reason): 
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 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.
e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.

5. Is this an existing core curriculum course?
   □ Yes ■ No

6. If grade type is changing for existing course, indicate the new grade type:
   □ Grade ■ S/U □ P/F (CLAR)

7. If this course will be stacked, please indicate the course number of the stacked course:
   ■ I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vnr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education).

9. Complete current course title and current catalog course description:

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

11. a. As currently in course inventory:
    Prefix □ Course # □ Title (excluding punctuation)

    Lect □ Lab □ Other □ SCH □ CIP and Fund Code □ Admin Unit □ LHC Code □ Level

    □ 0 0 3 6 3 2

    b. Change to:
    Prefix □ Course # □ Title (excluding punctuation)

    Lect □ Lab □ Other □ SCH □ CIP and Fund Code □ Admin Unit □ Acad Year □ LHC Code □ Level

    □ 0 0 3 6 3 2

    Approval recommendation:
    Department Head or Program Chair (Type Name & Sign) Date
    Chair, College Review Committee Date
    Dean of College Date
    Chair, GC or UCC Date
    Effective Date

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu.
Curricular Services – 08/14
Texas A&M University
Departmental Request for a Change in Course
Undergraduate □ Graduate □ Professional □ First Professional (DDS, MD, JD, PharmD, DVM)
- Submit original form and attachments -

Form Instructions
1. Course request type: □ Undergraduate □ Graduate □ First Professional (DDS, MD, JD, PharmD, DVM)
2. Request submitted by (Department or Program Name): Health Policy & Management
3. Course prefix, number and complete title of course: PHPM 624 - Health Care Financial Management II
4. Change requested
   a. Prerequisite(s): From: PHPM 605, PHPM 623 To: Grad Student Status
   b. Withdrawal (reason): 
   c. Cross-list with: 
   d. Change in course title and description. Enter complete current course title and current course description in item 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.
   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.
5. Is this an existing core curriculum course? □ Yes □ No
6. If grade type is changing for existing course, indicate the new grade type: □ Grade □ S/U □ P/F (CLMD)
7. If this course will be stacked, please indicate the course number of the stacked course:
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Approval recommended by: [Signature]
Department Head or Program Chair (Type Name & Sign) Date
Chair, College Review Committee Date

[Signature]
Dean of College Date

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

Associate Director, Curricular Services Date Effective Date

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu
Curricular Services – 08/14
Texas A&M University
Departmental Request for a Change in Course
Undergraduate ▪ Graduate ▪ Professional
Submit original form and attachments

Form Instructions
1. Course request type:  □ Undergraduate  □ Graduate  □ First Professional (DMD, MD, JD, PharmD, DPA)
2. Request submitted by (Department or Program Name):  Health Policy & Management
3. Course prefix, number and complete title of course:  PHPM 640 - Health Policy Policies

4. Change requested
   a. Prerequisite(s): From:  □ PHPM 601, Professional Pharmacy  To:  Grad Student Status
   b. Withdrawal (reason):  
   c. Cross-list with:  
   d. Change in course title and description. Enter complete current course title and current course description in item 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.
   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.

5. Is this an existing core curriculum course?  □ Yes  □ No
6. If grade type is changing for existing course, indicate the new grade type:  □ Grade  □ S/U  □ P/F (CLAD)
7. If this course will be stacked, please indicate the course number of the stacked course:
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    |--------|----------|-------------------------------|
    |        |          |                               |
    | Lect.  | Lab.     | Other | SCH | CIP and Fund Code | Admin. Unit | HEC Code | Level |
    |        |          |       |     |                  |             |          |       |
    |        |          |       |     |                  |             |          |       |

   b. Change to:
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    |--------|----------|-------------------------------|
    |        |          |                               |
    | Lect.  | Lab.     | Other | SCH | CIP and Fund Code | Admin. Unit | Year | Level |
    |        |          |       |     |                  |             |      |       |

   Appropriate recommended by:

   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

   Submitted to Coordinating Board by:

Associate Director, Curricular Services  Date  Effective Date

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

Form Instructions:
1. Course request type: □ Undergraduate □ Graduate □ First Professional (DHS, MD, JD, PharmD, DVM)
2. Request submitted by (Department or Program Name): Health Policy & Management
3. Course prefix, number and complete title of course: PHPM 640 - Health Policy Politics
4. Change requested
   a. Prerequisite(s): From: ____________________________ To: ____________________________
   b. Withdrawal (reason):
   c. Cross-list with: ____________________________
   d. Change in course title and description. Enter complete current course title and current course description in item 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.
   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.
5. Is this an existing core curriculum course? □ Yes □ No
6. If grade type is changing, for existing course, indicate the new grade type: □ Grade □ S/U □ P/F (CL/MD)
7. If this course will be stacked, please indicate the course number of the stacked course:
   □ I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-control/basics-for-distance-education).
8. Complete current course title and current catalog course description:

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    Prefix  Course #  Title (excluding punctuation)
    Lect.  Lab  Other  SCH  CIP and Fund Code  Admin. Unit  EIC Code
    b. Change to:
    Prefix  Course #  Title (excluding punctuation)
    Lect.  Lab  Other  SCH  CIP and Fund Code  Admin. Unit  Acad. Year  EIC Code

Department Head or Program Chair (Type Name & Sign) Date
Chair, College Review Committee Date
Dean of College Date

Submitted to Coordinating Board by: Chair, GC or UCC Date
Associate Director, Curricular Services Date

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Curricular Services – 08/14
Texas A&M University  
Departmental Request for a Change in Course  
Undergraduate + Graduate + Professional  
* Submit original form and attachments *  

Form Instructions  
1. Course request type:  
   □ Undergraduate  □ Graduate  □ First Professional (DOH, MD, JD, PharmD, DVM)  
2. Request submitted by (Department or Program Name): Health Policy & Management  
3. Course prefix, number and complete title of course: PHPM 640 - Critical Issues in Health Policy  

4. Change requested  
   a. Prerequisite(s): From:  
   b. Withdrawal (reason):  
   c. Cross-list with:  
   d. Change in course title and description. Enter complete current course title and current course description in item 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.  
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5. Is this an existing core curriculum course?  
   □ Yes  □ No  
6. If grade type is changing for existing course, indicate the new grade type:  
   □ Grade  □ S/U  □ P/F  
7. If this course will be stacked, please indicate the course number of the stacked course:  
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Department Head or Program Chair (Type Name & Sign)  
Date  
Chair, College Review Committee  
Date  
Dean of College  
Date  
Submitted to Coordinating Board by:  
Associate Director, Curricular Services  
Date  
Effective Date  

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Texas A&M University

Departmental Request for a Change in Course
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2. Request submitted by (Department or Program Name):  
   Health Policy & Management
3. Course prefix, number and complete title of course:  
   PHPM 645 - Critical Issues in Health Policy

Attach a brief supporting statement for changes made to items 4a thru 4d, and 10 below.

4. Change requested  
   a. Prerequisite(s):  From:  
      To:  
   b. Withdrawal (reason):  
   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 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.

e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.

5. Is this an existing core curriculum course?  
   ☐ Yes  ☐ No

6. If grade type is changing for existing course, indicate the new grade type:  
   ☐ Grade  ☐ S/U  ☐ P/F (CLNR)

7. If this course will be stacked, please indicate the course number of the stacked course:  

8. I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://ypr.tamu.edu/resources/export-controls/export-control-basics-for-distance-education).

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Approval recommended by:  

Department Head or Program Chair (Type Name & Sign)  Date  
Chair, College Review Committee  Date

Department Chair (Type Name & Sign)  Date

(If cross-listed course)

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

Associate Director, Curricular Services  Date

Effective Date

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu.

Curricular Services – 08/14
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
• Submit original form and attachments •

Form Instructions
1. Course request type:
   □ Undergraduate  ✔ Graduate  □ First Professional (DDS, MD, JD, PharmD, DVM)
2. Request submitted by (Department or Program Name): Health Policy & Management
3. Course prefix, number and complete title of course: PHPM 654 - Health Insurance and Managed Care

Change requested:
   a. Prerequisite(s): From: ____________________________ To: ____________________________
   b. Withdrawal (reason):
   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 9, enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.

   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.

   f. Is this an existing core curriculum course? □ Yes □ No

   g. If grade type is changing for existing course, indicate the new grade type: □ Grade □ S/U □ P/F (CLMD)

   h. If this course will be stacked, please indicate the course number of the stacked course: ____________________________

   i. I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-control/export-controls-basics-for-distance-education).

   j. Complete current course title and current catalog course description:

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

11. a. As currently in course inventory:

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   Approvers recommended by:

   Department Head of Program Chair (Type Name & Sign) Date
   Chair, College Review Committee Date

   Department Head of Program Chair (Type Name & Sign) Date
   (If cross-listed course)

   Submitted to Coordinating Board by:

   Associate Director, Curricular Services Date

   Effective Date

Questions regarding this form should be directed to Sandra Williams at B45-2201 or sandra.williams@tamu.edu.
Texas A&M University

Departmental Request for a Change in Course
Undergraduate + Graduate + Professional
Submit original form and attachments

Form Instructions
1. Course request type: [ ] Undergraduate [ ] Graduate [ ] First Professional (EDS, MD, JD, PharmD, DVM)
2. Request submitted by (Department or Program Name): Health Policy & Management
3. Course prefix, number and complete title of course: PHPM 554 - Health Insurance and Managed Care
4. Change requested:
   a. Prerequisite(s): From: ____________________________ To: ____________________________
   b. Withdrawal (reason): ____________________________
   c. Cross-list with: ____________________________
   d. Change in course title and description. Enter complete current course title and current course description in item 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.
   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.
5. Is this an existing core curriculum course? [ ] Yes [ ] No
6. If grade type is changing for existing course, indicate the new grade type: [ ] Grade [ ] S/U [ ] IP/F (CLMD)
7. If this course will be stacked, please indicate the course number of the stacked course:
   [ ] I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-control-basics-foe-distance-education).
8. Complete current course title and current catalog course description:

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

10. Attach a brief supporting statement for changes made to items 4a, 4b, 4d, and 10 below.

11. a. As currently in course inventory:

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Appeal recommended by:

[Signature]
Department Head or Program Chair (Type Name & Sign)
Date

Chair, College Review Committee
Date

Dean of College
Date

Submitted to Coordinating Board by:

[Signature]
Chair, GC or UCC
Date

Effective Date

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu
Curricular Services - 08/14
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
• Submit original form and attachments •

Form Instructions
1. Course request type: [ ] Undergraduate  [ ] Graduate  [ ] First Professional (DMD, MD, JD, PharmD, DPA)
2. Request submitted by (Department or Program Name): Health Policy & Management
3. Course prefix, number and complete title of course: PHPM 668 Applied Health Services Research I

4. Change requested
   a. Prerequisite(s): From: ____________________________ To: ____________________________
   b. Withdrawal (reason): ____________________________
   c. Cross-list with: ____________________________

   d. Change in course title and description. Enter complete current course title and current course description in item 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.

   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.

5. Is this an existing core curriculum course? [ ] Yes  [ ] No

6. If grade type is changing for existing course, indicate the new grade type: [ ] Grade  [ ] S/U  [ ] P/F (CLAS)

7. If this course will be stacked, please indicate the course number of the stacked course: ____________________________

8. I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education).

9. Complete current course title and current catalog course description:

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

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   Approved recommended by: ____________________________
   Department Head or Program Chair (Type Name & Sign) Date: ____________________________

   Department Head or Program Chair (Type Name & Sign) Date: ____________________________
   Department or Program Chair (Type Name & Sign) Date: ____________________________

   Submitted to Coordinating Board by: ____________________________
   Associate Director, Curricular Services Date: ____________________________
   Chair, Graduate Review Committee Date: ____________________________

   Chair, Graduate Council Date: ____________________________
   Chair, GS or UCC Date: ____________________________

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu.
Curricular Services - 08/14
Texas A&M University
Departmental Request for a Change in Course
Undergraduate ∗ Graduate ∗ Professional
Submit original form and attachments

Form Instructions:
1. Course request type:  □ Undergraduate  □ Graduate  □ First Professional (DMD, MD, JD, PharmD, DVM)
2. Request submitted by (Department or Program Name):  Health Policy & Management
3. Course prefix, number and complete title of course:  PHPM 671 Applied Health Services Research

4. Change requested
   a. Prerequisite(s):  From:  □ Yes □ No
   b. Withdrawal (reason):  
   c. Cross-list with:  
   d. Change in course title and description. Enter complete current course title and current course description in item 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.
   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.

5. Is this an existing core curriculum course?
   □ Yes □ No

6. If grade type is changing for existing course, indicate the new grade type:  □ Grd □ S/U □ P/F (CLM)

7. If this course will be stacked, please indicate the course number of the stacked course:
   □ Yes □ No

8. I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://ypr.tamu.edu/resources/export-controls/export-control-basics-for-distance-education).

9. Complete current course title and current catalog course description:

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

11. a. As currently in course inventory:
    | Prefix | Course # | Title (excluding punctuation) |
    |--------|----------|-----------------------------|
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    | Lect.  | Lab      | Other                       |
    |        |          |                             |
    | SCH    | CIP and Fund Code | Admin. Unit | HICE Code |
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   b. Change to:
    | Prefix | Course # | Title (excluding punctuation) |
    |--------|----------|-----------------------------|
    |        |          |                             |
    | Lect.  | Lab      | Other                       |
    |        |          |                             |
    | SCH    | CIP and Fund Code | Admin. Unit | HICE Code |
    |        |          |                             |
    | 0 0 3 6 3 2 |  |

Approval recommended by:
Department Head or Program Chair (Type Name & Sign)  Date  4/18/16
Chair, College Review Committee Date  4/19/16
Department Head or Program Chair (Type Name & Sign) Date  4/19/16
Dean of College Date

Submitted to Coordinating Board by:
Chair, GC or UCC Date
Associate Director, Curricular Services Date

Effective Date

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra-williams@tamu.edu.
Curricular Services – 08/14
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
• Submit original form and attachments •

Form Instructions
1. Course request type:  
   - Undergraduate  ✔ Graduate  ☐ First Professional (DDS, MD, JD, PharmD, DVA)
2. Request submitted by (Department or Program Name):  
   Health Policy & Management
3. Course prefix, number and complete title of course:  
   PHPM 672 • Applied Health Services Research II

4. Change requested
   a. Prerequisite(s): From: ______________________  
      To: ______________________________________
   b. Withdrawal (reason): ________________________
   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 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.

   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.

5. Is this an existing core curriculum course?  
   - Yes  ☐ No

6. If grade type is changing for existing course, indicate the new grade type:  
   - Grade  ☐ S/U  ☐ P/F (CLAS)

7. If this course will be stacked, please indicate the course number of the stacked course:

8. I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vnr.tamu.edu/resources/export-control/export-control-basics-for-distance-education).

9. Complete current course title and current catalog course description:

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

11. a. As currently in course inventory:

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<td>(if cross-listed course) Department Head or Program Chair (Type Name &amp; Sign)</td>
<td>Date</td>
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Submitted to Coordinating Board by:

| Associate Director, Curricular Services | Date |

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu.
Curricular Services – 08/14
Texas A&M University  
Departmental Request for a Change in Course  
Undergraduate * Graduate * Professional  
• Submit original form and attachments •

**Form Instructions**
1. Course request type:  
   - [ ] Undergraduate  
   - [✓] Graduate  
   - [ ] First Professional (DLS, MD, JD, PharmD, DPA)

2. Request submitted by (Department or Program Name):  
   Health Policy & Management

3. Course prefix, number and complete title of course:  
   PHPM 672 - Applied Health Services Research II

4. Change requested
   a. Prerequisite(s):  
      From:  
      To:  
   b. Withdrawal (reason):  
   c. Cross-list with:  
   d. Change in course title and description. Enter complete current course title and current course description in item 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.
   c. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b.  
      Attach a course syllabus.

5. Is this an existing core curriculum course?  
   - [ ] Yes  
   - [✓] No

6. If grade type is changing for existing course, indicate the new grade type:  
   - [ ] Grade  
   - [✓] S/U  
   - [ ] P/F (CLMD)

7. If this course will be stacked, please indicate the course number of the stacked course:
   - [ ] I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-control-basics-for-distance-education).

8. Complete current course title and current catalog course description:

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

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10. Approval recommended by:  
   - Department Head or Program Chair (Type Name & Sign)  
   - Date  
   - Chair, College Review Committee  
   - Date  
   - Dean of College  
   - Date

11. Submitted to Coordinating Board by:  
   - Chair, GC or UCC  
   - Date  
   - Effective Date

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu  
Curricular Services – 08/14
Texas A&M University
Departmental Request for a Change in Course
Undergraduate ✤ Graduate ✤ Professional
* Submit original form and attachments *

Form Instructions
1. Course request type: □ Undergraduate ✤ Graduate □ First Professional (DVM, MD, JD, PharmD, DHA)
2. Request submitted by (Department or Program Name): Health Policy & Management
3. Course prefix, number and complete title of course: PHPM 674 - Secondary Analysis of Health Data

4. Change requested
   a. Prerequisite(s): From: ___________________________ To: ___________________________
   b. Withdrawal (reason): ___________________________
   c. Cross-list with: ___________________________
   d. Change in course title and description. Enter complete current course title and current course description in item 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.
   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.
5. Is this an existing core curriculum course? □ Yes □ No
6. If grade type is changing for existing course, indicate the new grade type: □ Grade □ S/U □ P/F (CLND)
7. If this course will be stacked, please indicate the course number of the stacked course: □ I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education).
8. Complete proposed course title and proposed catalog course description (not to exceed 50 words):

9. Complete current course title and current catalog course description:

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Approval recommended by:

Department Head or Program Chair (Type Name & Sign) Date 3/01/6

Chair, College Review Committee Date 04/19/16

Department Head or Program Chair (Type Name & Sign) Date 05/01/16

Dear Of College Date 05/01/16

Submitted to Coordinating Board by:

Associate Director, Curricular Services Date

Effective Date

Questions regarding this form should be directed to Sandra Williams at 845.8201 or sandra.williams@tamu.edu
Curricular Services – 08/14
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
• Submit original form and attachments •

Form Instructions
1. Course request type:  □ Undergraduate  □ Graduate  □ First Professional (MD, JD,PharmD, DVM)
2. Request submitted by (Department or Program Name): Health Policy & Management
3. Course prefix, number and complete title of course: PHPM 874 - Secondary Analysis of Health Data

4. Change requested
   a. Prerequisite(s): From:  □ Course title or number  □ Course title or number
   b. Withdrawal (reason):  □ Course title or number  □ Course title or number
   c. Cross-list with:  □ Course title or number  □ Course title or number

   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 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.

   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.

5. Is this an existing core curriculum course?  □ Yes  □ No

6. If grade type is changing for existing course, indicate the new grade type:  □ Grade  □ S/U  □ P/F (CLMD)

7. If this course will be stacked, please indicate the course number of the stacked course:

8. I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education).

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   Approval recommended by:  3/30/16
   Department Head or Program Chair (Type Name & Sign)  Date
   Chair, College Review Committee  4/19/16
   Dear of College  Date

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

   Associate Director, Curricular Services

   Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu.
   Curricular Services - 08/14
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional

Submit original form and attachments

Form Instructions
1. Course request type:
   - Undergraduate
   - Graduate
   - First Professional (JID, M.D., JD, PharmD, DPA)
2. Request submitted by (Department or Program Name):
   Health Policy & Management
3. Course prefix, number and complete title of course: PHPM 680 - Health Systems Leadership
   
   Attach a brief supporting statement for changes made in items 4a, 6, and 7 below
4. Change requested:
   a. Prerequisite(s): From: PPHP 608, PPHP 614, PPHP 617, PPHP 623, PPHP 661, PPHP 631, PPHP 620, PPHP 624 To: Graduation Classification
   b. Withdrawal (reason):
   c. Cross-list with:
   d. Change in course title and description. Enter complete current course title and current course description in item 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.
   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.
5. Is this an existing core curriculum course?
   - Yes
   - No
6. If grade type is changing for existing course, indicate the new grade type:
   - Grade
   - S/U
   - P/F (CLAS)
7. If this course will be stacked, please indicate the course number of the stacked course:
8. I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education)
9. Complete current course title and current catalog course description:

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

11. a. As currently in course inventory:
   Prefix  |  Course #  |  Title (excluding punctuation):
   Lec   |  Lab   |  Other  |  SCH  |  CRN and Fund Code  |  Admin Unit  |  HCL Code  |  Level
   b. Change to:
   Prefix  |  Course #  |  Title (excluding punctuation):
   Lec   |  Lab   |  Other  |  SCH  |  CRN and Fund Code  |  Admin Unit  |  Year-Unit  |  HCL Code  |  Level
   Date
   Department Head or Program Chair (Type Name & Sign)
   Submitted to Coordinating Board by:
   Associate Director, Curricular Services

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu
Curricular Services - 08/14
Texas A&M University
Departmental Request for a Change in Course
Undergraduate * Graduate * Professional
* Submit original form and attachments *

Form Instructions
1. Course request type:  [ ] Undergraduate  [ ] Graduate  [ ] First Professional (DDS, MD, JD, PharmD, DVM)
2. Request submitted by: (Department or Program Name): Health Policy & Management
3. Course prefix, number and complete title of course: PHPM 680 - Health Systems Leadership

Change requested
4. [ ] Prerequisite(s): From: PHPM 608, PHPM 614, PHPM 617, PHPM 623, PHPM 661, PHPM 631, PHPM 625, PHPM 624
   [ ] To: Grad Student Status

   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 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.
   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.
5. Is this an existing core curriculum course? [ ] Yes  [ ] No
6. If grade type is changing for existing course, indicate the new grade type: [ ] Grade  [ ] S/U  [ ] P/F (CLMD)
7. If this course will be stacked, please indicate the course number of the stacked course:
   [ ] I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education).
8. Complete current course title and current catalog course description:

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

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

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Approved recommendations:

Department Head or Program Chair (Type Name & Sign) Date

Chair, College Review Committee Date

Dean of College Date

Submitted to Coordinating Board by:

Chair, GC or UCC Date

Associate Director, Curricular Services

Questions regarding this form should be directed to Sandra Williams at 845-8301 or sandra.williams@tamu.edu
Curricular Services – 08/14
Texas A&M University
Departmental Request for a Change in Course
Undergraduate + Graduate + Professional

Form Instructions
1. Course request type: □ Undergraduate □ Graduate □ First Professional (DDS, MD, JD, PharmD, DPM)
2. Request submitted by (Department or Program Name): Health Policy & Management
3. Course prefix, number and complete title of course: PHM 684 - Practicum

4. Change requested
   a. Prerequisite(s): From: ____________________________
   b. Withdrawal (reason) ____________________________
   c. Cross-list with: ____________________________
   d. Change in course title and description. Enter complete current course title and current course description in item 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.
   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.

5. Is this an existing core curriculum course? □ Yes □ No
6. If grade type is changing for existing course, indicate the new grade type: □ Grade □ S/U □ P/F (CLAD)
7. If this course will be stacked, please indicate the course number of the stacked course: ____________________________

8. Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education).

9. Complete current course title and current catalog course description:

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

11. a. As currently in course inventory:

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Approval recommended by:

Department Head or Program Chair (Type Name & Sign) Date 11/16

Department Head or Program Chair (Type Name & Sign) Date 11/18

Chair, College Review Committee Date 11/16

Dean of College Date 11/16

Chair GC or UCC Date 11/16

Submitted to Coordinating Board by:

Associate Director, Curricular Services Date

Effective Date Date

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu.
Curricular Services – 08/14
Texas A&M University
Departmental Request for a Change in Course
Undergraduate + Graduate + Professional
Submit original form and attachments

Form Instructions
1. Course request type: □ Undergraduate □ Graduate □ First Professional (DDS, MD, JD, PharmD, DPM)
2. Request submitted by (Department or Program Name): Health Policy & Management
3. Course prefix, number and complete title of course: PHPM 684 - Practicum

4. Change requested
   a. Prerequisite(s): From: ___________________________ To: ___________________________
   b. Withdrawal (reason): ___________________________
   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 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.

e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.

5. Is this an existing core curriculum course? □ Yes □ No
6. If grade type is changing for existing course, indicate the new grade type: □ Grade □ S/U □ P/F (CLMD)
7. If this course will be stacked, please indicate the course number of the stacked course:

   □ I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-control-basics-export-education).

9. Complete current course title and current catalog course description:

   a. As currently in course inventory:

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   Approval recommended by: ____________________________ Date: 9/16/16

   Department Head or Program Chair (Type Name & Sign) Date: 9/16/16

   Chair, College Review Committee Date: 9/19/16

   Dean of College Date: 9/19/16

   Submitted to Coordinating Board by: ____________________________ Date: ____________________________

   Chair, GC or UCC Date: ____________________________

   Effective Date: ____________________________

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu.
Curricular Services – 08/14
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
* Submit original form and attachments *

Form Instructions
1. Course request type: [ ] Undergraduate [ ] Graduate [ ] First Professional (DDS, MD, JD, PharmD, DFA)
2. Request submitted by (Department or Program Name): Department of Information and Operations Management
3. Course prefix, number and complete title of course: SCMT 610. Business Analytics

4. Change requested:
   a. Prerequisite(s): From: ___________________________ To: ___________________________
   b. Withdrawal (reason):
   c. Cross-list with:

5. If the course is already an existing core curriculum course, indicate Yes or No:
   [ ] Yes [ ] No

6. If the course type is changing, indicate the new course type:
   [ ] Grade [ ] S/U [ ] P/F

7. If this course will be stacked, please indicate the course number of the stacked course:
   [ ] I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-control-basics-for-distance-education).

8. Complete current course title and current catalog course description:
   Business Analytics. Formulation and structuring of business problems using selected quantitative techniques; modeling and statistical analysis stress computer applications.

9. Complete proposed course title and proposed catalog course description:
   Business Analytics. Utilization of quantitative tools such as forecasting, optimization, and Monte Carlo simulation in order to deal with uncertainties in business and to assist in making better business decisions.

10. Complete proposed course title and proposed catalog course description:
    - As currently in course inventory:
      | Prefix | Course | Title (excluding punctuation) |
      |--------|--------|-------------------------------|
      | SCMT   | 610    | BUSINESS ANALYTICS           |

      | Fccd | Lab | Other | CSU | CIP and Fund Code | Admin Unit | LEC Code |
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   Approval recommended by:
   Dr. Rich Metzner
   Department Head or Program Chair (Type Name & Sign)
   Date

   Department Head or Program Chair (Type Name & Sign) (If cross-listed course)
   Date

   Submitted to Coordinating Board by:
   Associate Director, Curricular Services
   Date
   Effective Date

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu.
Curricular Services — 08/14
Texas A&M University

Departmental Request for a Change in Course

Undergraduate • Graduate • Professional

• Submit original form and attachments •

Form Instructions

1. Course request type: ☐ Undergraduate  ☑ Graduate  ☐ First Professional (ODS, MD, JD, PharmD, DVM)

2. Request submitted by (Department or Program Name): Department of Information and Operations Management

3. Course prefix, number and complete title of course: SCMT 610. Business Analytics

4. Change requested
   a. Prerequisite(s): From: ______________________ To: ______________________
   b. Withdrawal (reason): ______________________
   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 9; enter proposed course title and proposed course description in item 10. Complete item 11 a and b for a change in title.

5. Is this an existing core curriculum course? ☐ Yes  ☑ No

6. If grade type is changing for existing course, indicate the new grade type: ☐ Grade  ☐ S/U  ☑ P/F (CLMD)

7. If this course will be stacked, please indicate the course number of the stacked course:

     I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education).

8. Complete current course title and current catalog course description:

     Business Analytics. Formulation and structuring of business problems using selected quantitative techniques; modeling and statistical analysis stress computer applications.

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

   Business Analytics. Utilization of quantitative tools such as forecasting, optimization, and Monte Carlo simulation in order to deal with uncertainties in business and to assist in making better business decisions.

10. Change to:

    a. As currently in course inventory:

    Prefix  Course #  Title (excluding punctuation)
    SCMT  610  BUSINESS ANALYTICS

    Lect.  Lab  Other  SCH  CIP and Fund Code  Admin. Unit  FICE Code  Level
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    b. Change to:

    Prefix  Course #  Title (excluding punctuation)

    Lect.  Lab  Other  SCH  CIP and Fund Code  Admin. Unit  Acad. Year  FICE Code

    Approval recommended by:

    Dr. Rich Metters

    Department Head or Program Chair (Type Name & Sign)  Date

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

    Submitted to Coordinating Board by:

    Chair, GC or UCC

    Date

Dr. Bala Shetty

Chair, College Review Committee

Date

Dr. Bala Shetty

Dean of College

Date

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra-williams@tamu.edu.

Curricular Services – 08/14
The course deals with making business decisions under uncertainty using analytical tools such as forecasting, optimization and simulation. The current description does not capture the true nature of the course as it is currently taught. The new description is clear both in terms of the analytical tools used and the ultimate objective of aiding better decisions under uncertainty.