

# Curriculum Proposal Signature Sheet

Course Deletion--OM 541: Advanced Production and Operations Management  
TITLE OF PROPOSAL

## Type of Proposal

### Program

- New
- Changes within Major
- Changes within Cognate \*
- Changes in Minor or Track
- Changes in Concentration\*
- Program Deletion

### Course

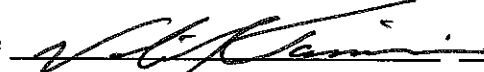
- New
- Changes in Course taken only by Majors
- Changes in Course required of Non-Majors\*
- Changes in Course open to Non-Majors
- Deletion of Course taken only by Majors
- Deletion of Course required of Non-Majors\*
- Deletion of Course open to Non-Majors

Operations & Information Management  
SPONSORING DEPARTMENT(S)

Review and Approval

3/30/2009  
DATE(S)

Signature of Sponsoring Chair(s)/Date



\* For starred items Chairs of affected Departments/Programs must sign below before Dean's review

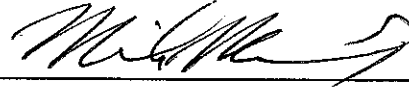
### Dean's Preliminary Review

Proposal:  Complete

Additional preliminary comments below

- Satisfies U of S Curricular Requirements
- Consistent with College Goals/Mission

Dean's Signature/Date



3/30/2009

CAS

CPS

SOM

GRAD

DHC

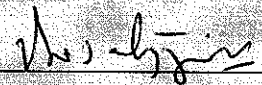
### Preliminary FSCC Disposition:

- Committee recommends approval (*new program proposals require a Recommendation from the full Senate*)
- Proposal will require minimal review: Anticipated FS Meeting Date: \_\_\_\_\_
- Proposal will require significant review: Anticipated FS Meeting Date: \_\_\_\_\_

FSCC Chair Signature/Date \_\_\_\_\_

Issues: \_\_\_\_\_

Additional Signatures

graduate program committee		3/30/2009
Department	Signature	Date

**Course Deletion**  
**Course taken only by Majors**

**Course Title**      Advanced Production and Operations Management

**Course Number:** OM 541

**Date:** March 30, 2009

**Rationale  
for course  
deletion:**

The course has not been offered for many years due to a lack of student interest.

Has this course been offered in the last five years?    Yes    No

If Yes, will this course be replaced by another course?

No

Yes (Course \_\_\_\_\_)

Will the replacement have any impact on any other department?

No

Yes (indicate below the impact on and the response of the affected department)

Signature of Sponsoring Chair: \_\_\_\_\_ Date: \_\_\_\_\_

# Curriculum Proposal Signature Sheet

Project Mgt  
TITLE OF PROPOSAL

## Type of Proposal

### Program

- New
- Changes within Major
- Changes within Cognate \*
- Changes in Minor or Track
- Changes in Concentration\*
- Program Deletion

### Course

- New
- Changes in Course taken only by Majors
- Changes in Course required of Non-Majors\*
- Changes in Course open to Non-Majors
- Deletion of Course taken only by Majors
- Deletion of Course required of Non-Majors\*
- Deletion of Course open to Non-Majors

OIM

SPONSORING DEPARTMENT(S)

## Review and Approval

DATE(S)

Signature of Sponsoring Chair(s)/Date

*Valia Damini* March 3, 2009

\* For starred items Chairs of affected Departments/Programs must sign below before Dean's review

## Dean's Preliminary Review

Proposal:  Complete

Additional preliminary comments below

- Satisfies U of S Curricular Requirements
- Consistent with College Goals/Mission

Dean's Signature/Date

*Michael C. ...*

3/3/09

CAS

CPS

SOM

GRAD

DHC

## Preliminary FSCC Disposition:

- Committee recommends approval (*new program proposals require a Recommendation from the full Senate*)
- Proposal will require minimal review: Anticipated FS Meeting Date: \_\_\_\_\_
- Proposal will require significant review: Anticipated FS Meeting Date: \_\_\_\_\_

FSCC Chair Signature/Date \_\_\_\_\_

Issues: \_\_\_\_\_

## Additional Signatures

Graduate Program committee

Signature

*...*

Date

3/25/09

Department

Signature

Date

Department

Signature

Date

Course Revision  
Course taken only by Majors

Home Dean:  CAS  CPS  
 SOM  GRAD  DHC

Course Title: Project Management

Course Number: OM 543 Date: March 3, 2009

Nature  
of  
revision:

Change course title from  
"Project Management" to  
"Project and Change  
Management".

Rationale  
for  
revision:

to emphasize the concept of  
"change" that is already part  
of the graduate catalog  
description.

Will the revision have an impact on the core curriculum?  Yes  No

If Yes, indicate impact below:

Will the revisions have any impact on another department?  Yes  No

If yes, indicate the impact on and the response of the affected department:

Will the revisions require allocation/reallocation of University resources?

Yes  No

If Yes, indicate resources needed for revision:

Signature of Sponsoring Chair:

*W. J. ...*

Date:

*March 3, 2009*