To: Undergraduate Curriculum Committee
From: Christian Sonnenberg, Ph.D.,
Associate Dean of Online & Off-Campus Programs, College of Business
Date: July 29, 2020
Subject: EMG 3340 Name Change

The College of Business would like to request the following change in course title:

**EMG 3340 International Management**

We would like to change it to:

**EMG 3340 International Business**

**Reasoning:** This course was recently redeveloped to cover the broader scope of business rather than simply the sub-discipline of management. We would like to change the course title to reflect this shift. EMG 3340 is also an online course and this course title change will help keep our curriculum in line with what the campus curriculum covers.
REQUEST TO CHANGE THE REQUIREMENTS FOR A COURSE

Any change, addition or removal of any restriction, or change in credit hours or availability for a course requires this form, accompanied by any supporting documentation, be completed and approved as indicated below.

COLLEGE: Business

REQUEST IS FOR CHANGE IN COURSE

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International Management

Course Title

TO BE INCLUDED IN 20___/20___ CATALOG

Course changes are effective beginning with the fall term in which they appear in the University Catalog.

IS REQUEST FOR A CHANGE IN THE NAME LISTED ABOVE?  □ Yes  □ No  If yes, requested name ________________________________

IS REQUEST FOR A CHANGE IN CREDITS FOR COURSE LISTED ABOVE?  □ Yes  □ No  If yes, current credits __________ requested credits __________

IS REQUEST TO CHANGE RESTRICTIONS FOR COURSE LISTED ABOVE?  □ Yes  □ No  If yes, please check all that apply:

☐ Add  ☐ Remove  ☐ Prerequisite  ☐ Corequisite  ☐ Prefix  ☐ Number  ☐ and  ☐ or

☐ Add  ☐ Remove  ☐ Prerequisite  ☐ Corequisite  ☐ Prefix  ☐ Number  ☐ and  ☐ or

☐ Add  ☐ Remove  ☐ Other Restrictions*  □ Yes  □ No  If yes, please use box below:

*Other restrictions may include changing the grade mode (FYF, S/U/A-F, CEU), deactivating a course already in the system, majors or class levels restricted from registration, or other restrictions.

Please enter the complete prerequisite/restriction list as it should appear if this change is approved:

☐ Yes  □ No  Is this request for the course to be used to measure program-level student learning outcomes? If yes, review and signature is required*

☐ Yes  □ No  Is this request for the course to satisfy the scholarly inquiry requirement? If yes, attach “Q” materials for review.

☐ Yes  □ No  Will this change impact any existing programs? If yes, attach “Changing Graduation Requirements” form for each program that is impacted.

APPROVALS: Once appropriate department approvals are completed, submit to the Office of Graduate Programs, or Undergraduate Curriculum Committee Chair for placement on agenda.

DocSigned by:

1)  E W A. Bélégod, 4/21/2020

2)  E W A. Bélégod, 4/21/2020

3)  Christian Sonnenberg, 4/22/2020

4)  Director, APAC

CATALOG & CURRICULUM MANAGER’S USE ONLY

SCACRSF  SCADETL  SCAPREQ  SCABASE  SCARRES  ACATALOG  Operator Initials  Date

FLORIDA’S STEM UNIVERSITY

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