

**WARRINGTON COLLEGE OF BUSINESS ADMINISTRATION  
GENERAL FACULTY MEETING  
AGENDA  
January 29, 2007 – 2:00 p.m. – 103 Stuzin Hall**

1. November 3, 2006 General Faculty Meeting Minutes presented for approval by the faculty.
2. The Undergraduate Committee approved the following and requests approval by the faculty.

**Course Changes:**

**FIN 4243 – Debt and Money Markets**

- ♦ Prerequisites: OLD – FIN 3403 with a grade of B or higher and ACG 2021C and ACG 2071 or ACG 3481C with a grade of C or higher.  
NEW – FIN 3403 and ECP 3703 with a grade of B or higher in each and ACG 2021C and ACG 2071 with a grade of C or higher in each.

**FIN 4504 – Equity and Capital Markets**

- ♦ Prerequisites: OLD – FIN 3403 with a grade of B or higher and ACG 2021C and ACG 2071 or ACG 3481C with a grade of C or higher.  
NEW – FIN 3403 and ECP 3703 with a grade of B or higher in each and ACG 2021C and ACG 2071 with a grade of C or higher in each.

**Course Terminations:**

**RMI 3011 – Risk and Insurance**

**RMI 4305 – Risk Management**

**RMI 4905 – Independent Research**

**RMI 4956 – International Studies in Insurance**

**RMI 4970 – Honors Thesis**

3. Other
4. Dean's Report

**GRADUATE FACULTY MEETING  
AGENDA**

1. November 3, 2006 Graduate Faculty Meeting Minutes presented for approval by the graduate faculty.
2. The Masters Committee approved the following and requests approval by the Graduate Faculty:

**New Courses (designed for the new Internet DIS Masters Program):**

**ISM 6217 – Database Management Systems**

- ♦ Credits: 3
- ♦ Contact Hours: 3 Base hours
- ♦ Description: Focus of this course is on designing and developing data bases as well as in understanding the role played by database in technology in meeting business information needs.

**ISM 6123 – Systems Analysis and Design**

- ♦ Credits: 3
- ♦ Contact Hours: 3 Base hours
- ♦ Description: The purpose of this course is to learn the various activities a system developer performs when faced with the task of developing a new information system or upgrading an existing system.

**ISM 6226 – Business Telecom Strategy and Applications**

- ♦ Credits: 3
- ♦ Contact Hours: 3 Base hours
- ♦ Description: The purpose of this course is to provide students with an introduction and basic overview of the field of business communications. Upon successful completion of this course, students will possess a working knowledge of many of the telecommunications components and associated terminology as they apply to business in this age of electronic communication.

**ISM 6425 – Data Mining**

- ♦ Credits: 3
- ♦ Contact Hours: 3 Base hours
- ♦ Description: The course is designed to analyze the entire data mining cycle, data mining techniques, data preparation and application of these techniques on well known problems in customer relationship management.

**MAN 6575 – Purchasing and Supplier Relationship Management**

- ♦ Credits: 3
- ♦ Contact Hours: 3 Base hours
- ♦ Description: The primary purpose of this course is to introduce students to the basic concepts and tools applied in purchasing and supply chain management. Within the context of the purchasing function, emphasis will be placed on such topics as procurement cycle, information flows, supplier selection and internet procurement.

**MAN 6586 – Project Management**

- ♦ Credits: 3
- ♦ Contact Hours: 3 Base hours
- ♦ Description: This course is designed to convey the principles, techniques and methods employed in order to be effective in managing projects; structuring project organizations; fundamentals of scheduling; time/cost trade-offs, budgeting, and cost estimation; and monitoring.

**MAN 6591 – Systems Analysis and Design**

- ♦ Credits: 3
- ♦ Contact Hours: 3 Base hours
- ♦ Description: In this course, you learn how logistics and distribution consists of all the activities that enable a business to make its products available to consumers at convenient locations, in the required quantities, and at minimum cost to the company. After completing this course, you should have a clear understanding of the challenges firms face in achieving excellence in logistics and distribution.

**Course Changes:****GEB 5118 – New Venture Creation**

- ♦ Prerequisites: OLD – GEB 5114.  
NEW – None

**GEB 5146 – Family Business Management**

- ♦ Prerequisites: OLD – GEB 5114.  
NEW – None

**GEB 5506 – Corporate Intrapreneurship**

- ♦ Prerequisites: OLD – GEB 5114.  
NEW – None

**GEB 6115 – Entrepreneurship**

- ♦ Prerequisites: OLD – Designed for MBA students.  
NEW – None

**GEB 6155 – Social Entrepreneurship**

- ♦ Prerequisites: OLD – Non business students.  
NEW – None

**GEB 6156 – Entrepreneurial Opportunity**

- ♦ Prerequisites: OLD – Intended for non business students .  
NEW – None

**FIN 6476 – Venture Finance**

- ♦ Prerequisites: OLD – FIN 5439 or Master of Science-Finance students.  
NEW – None

**FIN 6642 – Global Entrepreneurship**

- ♦ Prerequisites: OLD – Designed for masters students in business.  
NEW – None

**REE 6935 – Real Estate Case Studies**

- ♦ Prerequisites: OLD – Real estate masters or real estate/JD students  
NEW – Master of Science-Real Estate or Joint MSRE/JD students

**Course Terminations:**

**RMI 6905 – Individual Work in Risk Management and Insurance**

**RMI 6910 – Supervised Research**

**RMI 6935 – Special Topics in Insurance**

**RMI 6957 – International Studies in Insurance**

**RMI 6971 – Research for Master's Thesis**

3. Information Item:  
The Masters Committee approved the following and is presenting to the Grad Faculty as an information item: **Proposal for an Internet Masters Program in DIS**
4. Other
5. Dean's Report

**WARRINGTON COLLEGE OF BUSINESS ADMINISTRATION**  
**GENERAL FACULTY MEETING**  
**MINUTES**  
**November 3, 2006**

1. A motion was made to approve the September 8, 2006 General Faculty Meeting Minutes. The motion was seconded and the faculty voted to approve the minutes as distributed.
2. The Undergraduate Committee approved the following and requests approval by the faculty. A motion was made to approve the new courses. The motion was seconded and the faculty voted to approve the new courses listed below.

*New Course:*

GEB 3214 – Professional Speaking in Business

- ♦ Credits: 3
- ♦ Contact Hours: 3 Base
- ♦ Description: Designed to teach business students fundamental oral communication skills necessary for succeeding in a business setting, including presentations and speeches, interpersonal skills and interviewing.

FIN 4959 - Honors Finance

- ♦ Credits: 2; repeatable for max 6
- ♦ Contact Hours: 2 Base
- ♦ Description: Course of variable content providing an opportunity for the study in depth of topics not offered.
- ♦ Prerequisite: An “A” grade in FIN 3403 – Business Finance

Information:

The Undergraduate Committee approved the discontinuation of the CIS major in the BSBA program. This item was presented as information only.

3. The Faculty Advisory Committee presented:
  - ♦ Revisions to the College By-Laws were presented to the faculty. A motion was made to approve the revisions made to the by-laws. The motion was seconded and the revised College By-laws were approved by the faculty.
  - ♦ A report on Shared Governance Task Force was presented as information only.
4. Other –no items were presented.
5. Dean’s Report:
  - WCBA is waiting to receive approval from the Provost for the DBA Program: upon approval this item will be presented to the faculty for their consideration.
  - UF appointed a committee and is looking at various budget models; hoping to adopt by the spring semester; WCBA sent comments to the Committee.
  - The College is involved with a Capital Campaign; currently seeking major donors; proposals are out.
  - The College received approval to build the graduate studies building; site 5 parking lot in front of Criser Hall; not the Bryan/13<sup>th</sup> street option upon receiving the appropriate funding.

**GRADUATE FACULTY MEETING**

1. A motion was made to approve the September 8, 2006 Graduate Faculty Meeting Minutes. The motion was seconded and the faculty voted to approve the minutes as distributed.
2. A motion was made to approve the New MBA Program listed below. The motion was seconded and the faculty voted to approve the new program.
  - ♦ MBA-World Leadership Program (attached)
3. Other – no items were presented.
4. Dean’s Report – no items were presented (see dean’s report at general faculty meeting)

**PART 1: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
<b>Current SCNS Course Identification:</b>		
Discipline (SMA) <b>1 3 1</b>	Prefix <b>F I N</b>	Level <b>4</b>
Course Number <b>2 4 3</b>		Lab Code _____
Institution's Course Title: <b>Debt and Money Markets</b>		

**PART 2: REQUESTED ACTIONS**

Terminate Current Course ☐ Yes Date Termination Effective: \_\_\_\_\_

**NEW SCNS Course Identification: (Complete all appropriate areas)**

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_  
NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) Fall 2007

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Gordon Rule	N/A	N/A
General Ed Requirement	N/A (areas)	N/A (areas)
Prerequisites/Corequisites (This form does not update SIS or registration prerequisite checking.)	FIN 3403 with a grade of "B" or higher and ACG2021C and ACG 2071 or ACG 3481C with a grade of C or higher.	Minimum grade of "B" in FIN 3403, and ECP 3703 and a minimum grade of "C" in ACG 2021C and ACG 2071.
Change of Course Description (Course syllabus must be attached)		Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input checked="" type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input checked="" type="checkbox"/> no

Department Contact, Telephone Number and PO Box: <b>Debra Hines 392-0153 117168</b>	(Date) <b>1-16-07</b>	Signature, Department Chair: <i>Debra Hines</i>	(Date) <b>1-16-07</b>
College Contact, Telephone Number and PO Box: <b>Sharon Houghton 392-436 ext 1225</b>	(Date) <b>1-16-07</b>	Signature, College Dean: <i>Sharon Houghton</i>	(Date) _____
Signature, Graduate Dean (if applicable):	(Date) _____	Signature, Registrar (Institutional Contact):	(Date) _____

**PART 3: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code):	
If not the same as recommended by institution, please explain:	
SCNS Course Title (if new):	
Decade Title (if new):	
Century Title (if new):	
Signature, Faculty Discipline Committee Representative	Date

**PART 4: SCNS STAFF USE ONLY**

Signature, SCNS Staff	Date Entered	Correspondence Number
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**PART 1: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
<b>Current SCNS Course Identification:</b>		
Discipline (SMA) <b>1 3 1</b>	Prefix <b>F I N</b>	Level <b>4</b>
Course Number <b>5 0 4</b>		Lab Code _____
Institution's Course Title: <b>Equity and Capital Markets</b>		

**PART 2: REQUESTED ACTIONS**

Terminate Current Course ☐ Yes Date Termination Effective: \_\_\_\_\_

**NEW SCNS Course Identification: (Complete all appropriate areas)**

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_  
NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) Fall 2007

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Gordon Rule	N/A	N/A
General Ed Requirement	N/A	N/A
Prerequisites/Corequisites (This form does not update ISIS or registration prerequisite checking.)	FIN3403 with a grade of "B" or higher and ACG2021C and ACG 2071 or "ACG 3481C with a grade of "B" or higher.	Minimum grade of "B" in FIN 3403 and ECP 3703 and a minimum grade of "C" in ACG 2021C and ACG 2071.
Change of Course Description (Course syllabus must be attached):	Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input checked="" type="checkbox"/> no SIU Only <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

Department Contact, Telephone Number and PO Box: <b>Debbie Himes 392-0453 117168</b>	(Date) Signature, Department Chair: <b>1-16-07 [Signature]</b>	(Date) <b>1-16-07</b>
College Contact, Telephone Number and PO Box: <b>Sharon Haughton 28436 ext 1225</b>	(Date) Signature, College Dean:	(Date)
Signature, Graduate Dean, if applicable:	(Date) Signature, Registrar (Institutional Contact):	(Date)

**PART 3: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code): If not the same as recommended by institution, please explain:
SCNS Course Title (if new): _____
Decade Title (if new): _____
Century Title (if new): _____
Signature, Faculty Discipline Committee Representative _____ Date _____

**PART 4: SCNS STAFF USE ONLY**

Signature, SCNS Staff _____	Date Entered _____	Correspondence Number _____
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification:		
Discipline (SMA) <b>1 1 0</b>	Prefix <b>R M I</b>	Level <b>3</b>
Course Number <b>0 1 1</b>		Lab Code _____
Institution's Course Title: <b>Risk and Insurance</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☒ Yes Date Termination Effective: **Fall 2007**

NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) **Fall 2007**

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Grading Rule	N/A	N/A
General Ed Requirement	N/A (areas)	N/A (areas)
Prerequisites/Corquisites (This form does not update ISIS or registration prerequisite checking.)		
Change of Course Description (Course syllabus must be attached):	Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no	

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____ Signature, Department Chair: _____ (Date) _____ <b>11-28-07</b>
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) _____ Signature, College Dean: _____ (Date) _____
Signature, Graduate Dean (if applicable): _____ (Date) _____	Signature, Registrar (Institutional Contact): _____ (Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code): If not the same as recommended by institution, please explain:
SCNS Course Title (if new): _____
Decade Title (if new): _____
Century Title (if new): _____
Signature, Faculty Discipline Committee Representative: _____ Date: _____

**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff: _____	Date Entered: _____	Correspondence Number: _____
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification:		
Discipline (SMA) <b>1 1 0</b>	Prefix <b>R M I</b>	Level <b>4</b>
Course Number <b>3 0 5</b>		Lab Code _____
Institution's Course Title: <b>Risk Management</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☒ Yes Date Termination Effective: **Fall 2007**

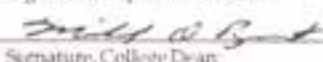
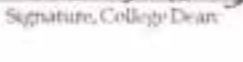
NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) **Fall 2007**

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Gordon Rule	N/A	N/A
General Ed Requirement	N/A (amex)	N/A (amex)
Prerequisites/Corerequisites (This form does not update SIS or registration prerequisite checking.)		
Change of Course Description (Course syllabus must be attached)		Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____	Signature, Department Chair: 	(Date) <b>11-23-06</b>
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) _____	Signature, College Dean: 	(Date) _____
Signature, Graduate Dean (if applicable): _____	(Date) _____	Signature, Registrar (Institutional Contact): _____	(Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code): _____	
If not the same as recommended by institution, please explain: _____	
SCNS Course Title (if new): _____	
Decade Title (if new): _____	
Century Title (if new): _____	
Signature, Faculty Discipline Committee Representative: _____	Date: _____

**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff: _____	Date Entered: _____	Correspondence Number: _____
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification: Discipline (SMA) <b>1 1 0</b> Prefix <b>R M I</b> Level <b>4</b> Course Number <b>9 0 5</b> Lab Code _____ Institution's Course Title: <b>Independent Research</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☒ Yes Date Termination Effective: **Fall 2007**

NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) **Fall 2007**

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Grade Point	N/A	N/A
General Ed Requirement	N/A (at/av)	N/A (at/av)
Prerequisites/Coresquisites (This form does not update SIS or registration prerequisite checking.)		
Change of Course Description (Course syllabus must be attached)		Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____ Signature, Department Chair: <i>[Signature]</i> (Date) <b>11-28-06</b>
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) _____ Signature, College Dean: _____ (Date) _____
Signature, Graduate Dean (if applicable): _____	(Date) _____ Signature, Registrar (Institutional Contact): _____ (Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code): If not the same as recommended by institution, please explain:
SCNS Course Title (if new): _____
Decade Title (if new): _____
Century Title (if new): _____
Signature, Faculty Discipline Committee Representative _____ Date _____

**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff _____	Date Entered _____	Correspondence Number _____
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification:		
Discipline (SMA) <b>1 1 0</b>	Prefix <b>R M I</b>	Level <b>4</b>
Course Number <b>9 5 6</b>		Lab Code _____
Institution's Course Title: <b>International Studies in Insurance</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☒ Yes Date Termination Effective: **Fall 2007**

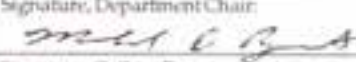
NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) **Fall 2007**

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Golden Rule	N/A	N/A
General Ed Requirement	N/A (attach)	N/A (attach)
Prerequisites/Corsequites (This form does not update SIS or registration prerequisite checking)		
Change of Course Description (Course syllabus must be attached):	Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input checked="" type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____	Signature, Department Chair: 	(Date) <b>11-28-06</b>
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) _____	Signature, College Dean:	(Date) _____
Signature, Graduate Dean (if applicable):	(Date) _____	Signature, Registrar (Institutional Contact):	(Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code): If not the same as recommended by institution, please explain:
SCNS Course Title (if new): _____
Decade Title (if new): _____
Century Title (if new): _____
Signature, Faculty Discipline Committee Representative _____
Date: _____

**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff _____	Date Entered _____	Correspondence Number _____
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification:		
Discipline (SMA) <b>1 1 0</b>	Prefix <b>R M I</b>	Level <b>4</b>
Course Number <b>9 7 0</b>		Lab Code _____
Institution's Course Title: <b>Honors Thesis</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☒ Yes Date Termination Effective: **Fall 2007**

NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) **Fall 2007**

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Gordon Rule	N/A	N/A
General Ed Requirement	N/A (areas)	N/A (areas)
Prerequisites/Coresquisites (This form does not update PES or registration prerequisite checking.)		
Change of Course Description (Course syllabus must be attached):		Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____	Signature, Department Chair: 	(Date) <b>11-28-2006</b>
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) _____	Signature, College Dean:	(Date) _____
Signature, Graduate Dean (if applicable):	(Date) _____	Signature, Registrar (Institutional Contact):	(Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code): \_\_\_\_\_

If not the same as recommended by institution, please explain: \_\_\_\_\_

SCNS Course Title (if new): \_\_\_\_\_

Decade Title (if new): \_\_\_\_\_

Century Title (if new): \_\_\_\_\_

Signature, Faculty Discipline Committee Representative: \_\_\_\_\_

Date: \_\_\_\_\_

**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Correspondence Number: \_\_\_\_\_



# NEW COURSE TRANSMITTAL FORM

(explanations on next page)

## PART 1: TO BE COMPLETED BY THE INSTITUTION

Institution Name: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Decision &amp; Information Sciences - 011707000</b>
Recommended SCNS Course Identification:		
Discipline (SMA) _____	Prefix <b>I S M</b>	Level <b>6</b> Course Number <b>217</b> Lab Code _____
Institution's Course Title: <b>Database Management Systems</b>		
Effective Term (month and year course will first be offered): <b>Summer 2007</b>		
Amount of Credit: <b>03</b>	If Repeatable Credit or Variable Credit: _____ total repeatable credit allowed _____ minimum / _____ maximum credit within a semester	
Total Clock Hours: <b>N/A</b>	Contact hour base <b>3</b> or Headcount _____	
Course Description (attach a course syllabus): <b>Focus of this course is on designing and developing databases as well as in understanding the role played by database in technology in meeting business information needs.</b>		Mark all that apply: Rotating Topic <input type="checkbox"/> yes <input checked="" type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input checked="" type="checkbox"/> no

Prerequisites: (This form does not update ISIS or registration prerequisite checking.)

Corequisites:

All faculty teaching this course have completed at least 18 graduate semester hours in the teaching discipline and hold at least a master's degree. ☒ Yes ☐ No

Degree Type (Mark all that apply.):

☐ Associate of Arts ☐ Baccalaureate ☒ Graduate Study ☐ Other (specify): \_\_\_\_\_

Category of Instruction: ☐ Introductory ☐ Intermediate ☒ Advanced

Department Contact, Telephone Number and PO Box: <b>Pat Brawner, 846-1374, PO Box 117169</b>	(Date)	Signature, Department Chair: <b>Asoo J. Vakharia</b> 	(Date)
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College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 392-2397 X1225</b>	(Date)	Signature, College Dean:	(Date)
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Signature, Graduate Dean (if applicable):	(Date)	Signature, Registrar (institutional contact):	(Date)
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## PART 2: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE

Approved Course Classification (Prefix, Number, Lab Code):

If not the same as recommended by institution, please explain:

SCNS Course Title (if new): \_\_\_\_\_

Decade Title (if new): \_\_\_\_\_

Century Title (if new): \_\_\_\_\_

Signature, Faculty Discipline Committee Representative:

Date:

## PART 3: SCNS STAFF USE ONLY

Signature, SCNS Staff

Date Entered

Correspondence Number

University of Florida  
Warrington College of Business Administration  
Department of Decision and Information Sciences  
**Database Management Systems**

Course: ISM ****	Instructor: Selwyn Piramuthu
Office: 361D Stuzin Hall	email: selwyn@ufl.edu
Phone (office): (352) 392-8882	Phone(Dept. office): (352) 392-9600
Fax (Dept. office): (352) 392 5438	

**Textbooks**

1. David M. Kroenke (2006) *Database Processing*, tenth edition, Prentice-Hall (ISBN: 0-13-167267-3) [Required]. Referred to in this syllabus as (K).
2. Gary B. Shelly, Thomas J. Cashman, Philip J. Pratt, Mary Z. Last (2005) *Microsoft Access 2003: Complete Concepts and Techniques*, Course Technology (ISBN: 1-4188-4362-8) [Required]. Referred to in this syllabus as (S).

**Course Content**

This is an introductory course on database management systems. The focus of this course is on designing and developing databases as well as in understanding the role played by database technology in meeting business information needs. The objectives of this course are: (a) To introduce students to the basic concepts in database design and management; (b) To familiarize students with some of the commonly used terminology in database design and management; (c) To become reasonably comfortable in designing and developing a database from start; (d) To be able to maintain, update, and query databases using SQL; and (e) To understand how databases work in general from both user's and designer/developer's perspectives. We will be using *Microsoft Access* to illustrate some of the concepts covered during the course. Although *Microsoft Access* is an integral part of this course as a tool for illustrating the process of designing and developing database applications, this is not a course on learning how to use *Microsoft Access*. By the end of the course, students should be able to demonstrate their knowledge of the concepts covered by designing, developing, and using a database as a part of their term project.

**Grade Structure**

The course grades will be based on a curve with the following weight assignments:

Homework Assignments (Individual)	30%
2 Exams (Individual)	45% (15% + 30%)
Term Project (Team)	25%

Homework assignments are to be submitted on their assigned due dates. To encourage you to do your work on time, late submissions of homework assignments will not be graded. The two exams are not cumulative. Details on the term project will be discussed during the second week of class.



## **Course Schedule (tentative)**

First day of class (Topic - Introduction to the course)

Please read Chapter 1 (K).

### **Topic 1 - Entity-Relationship Model (2 weeks)**

Please read Chapters 1 & 5 and Appendix C (K).

Review Lecture Segment "Introduction to Database Processing."

Review Lecture Segment "Entity-Relationship Model."

### **Topic 2 - Relational Model and Normalization (2 weeks)**

Homework# 1 due.

Please read Chapters 3 & 4 (K).

Review Lecture Segment "Relational Model and Normalization."

Review Lecture Segment "Database Design with Entity-Relationship Models."

### **Topic 3 - Database Application Design (2 weeks)**

Homework# 2 due.

Please read Chapter 5 and Appendix A (K).

Please go through Chapter 1 (S).

Review Lecture Segment "Database Application Design."

### **Topic 4 - Relational Model Implementation (2 weeks)**

Homework# 3 due.

Please read Chapter 6 (K).

Review Lecture Segment "Relational Model Implementation." Review Lecture Segment "Review of Topics Covered."

### **Topic 5 - SQL (3 weeks)**

Homework# 4 due.

Please read Chapter 2,7,8 (K).

Please go through Chapter 2-4 (S).

Review Lecture Segment "SQL."

### **Topic 6 - Multi-User Database Processing (1 week)**

Homework# 5 due.

Please read Chapter 9 (K).

Review Lecture Segment "Multi-User Database Processing."

### Topic 7 - Data Warehousing & Data Mining (1 week)

Homework# 6 due.

Please read Chapter 15 (K).

Review Lecture Segment "Data Warehousing."

Review Lecture Segment "Data Mining."

### Topic 8 - File Organization (2 weeks)

Homework# 7 due.

Please read Chapters 7-10 and Appendix D (K).

Review Lecture Segment "Storing Data."

Review Lecture Segment "File Organization and Indexing."

Please go through Chapters 5-6 (S).

### Course Overview, Term Project Presentations, and Exam-2 (1 week)

*TERM PROJECTS DUE: December \*\* by \*\*: \*\* .M.*

# NEW COURSE TRANSMITTAL FORM

(explanations on next page)

## PART 1: TO BE COMPLETED BY THE INSTITUTION

Institution Name: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Decision &amp; Information Sciences - 011707000</b>
Recommended SCNS Course Identification:		
Discipline (SMA) _____	Prefix <b>I S M</b>	Level <b>6</b> Course Number <b>123</b> Lab Code _____
Institution's Course Title: <b>Systems Analysis and Design</b>		
Effective Term (month and year course will first be offered): <b>Summer 2007</b>		
Amount of Credit: <b>03</b>	If Repeatable Credit or Variable Credit: _____ total repeatable credit allowed _____ minimum / _____ maximum credit within a semester	
Total Clock Hours: <b>N/A</b>	Contact hour base <sup>1</sup> _____ or Headcount _____	
Course Description (attach a course syllabus): <b>The purpose of this course is to learn the various activities a system developer performs when faced with the task of developing a new information system or upgrading an existing system.</b>		Mark all that apply: Rotating Topic <input type="checkbox"/> yes <input checked="" type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Prerequisites: (This form does not update ISIS or registration prerequisite checking.)		
Corequisites:		
All faculty teaching this course have completed at least 18 graduate semester hours in the teaching discipline and hold at least a master's degree. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Degree Type (Mark all that apply): <input type="checkbox"/> Associate of Arts <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Graduate Study <input type="checkbox"/> Other (specify): _____		
Category of Instruction: <input type="checkbox"/> Introductory <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Advanced		
Department Contact, Telephone Number and PO Box: <b>Pat Brawner, 845-1374, PO Box 117169</b>	(Date)	Signature, Department Chair: <b>Asoc J. Vakharia</b>  (Date)
College Contact, Telephone Number and PO Box: <b>Sharon Houghton, 392-2297 X1225</b>	(Date)	Signature, College Dean: _____ (Date)
Signature, Graduate Dean (if applicable): _____	(Date)	Signature, Registrar (institutional contact): _____ (Date)

## PART 2: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE

Approved Course Classification (Prefix, Number, Lab Code):	
If not the same as recommended by institution, please explain:	
SCNS Course Title (if new): _____	
Decade Title (if new): _____	
Century Title (if new): _____	
Signature, Faculty Discipline Committee Representative: _____	Date: _____

## PART 3: SCNS STAFF USE ONLY

Signature, SCNS Staff: _____	Date Entered: _____	Correspondence Number: _____
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# **ISM XXXX: Systems Analysis and Design**

**Instructor: Anurag Agarwal**

## ***What the course is about:***

Organizations rely heavily on computerized systems for processing business transactions, producing information and facilitating business. Managers at all levels of decision making and functional areas use information produced by these computerized systems. Developing such computerized systems requires a lot of coding and typically involves database implementations. But before the first line code is written or the first database table created, a lot of planning needs to occur, much as before laying the first brick of a new skyscraper a lot of planning is needed.

The purpose of this course is to learn the various activities a system developer performs when faced with the task of developing a new information system or upgrading an existing system. The system developer must study and analyze the business process that the system wishes to computerize and design the blue print of the system. The analysis involves understanding the existing system and figuring out what is expected from the new system. The economic and technical feasibility of the proposed system must also be evaluated. The analysis is followed by a detailed designing of the system. The end product of design is a set of specifications for the proposed system in the form of various diagrams, charts, tables and text so that a programmer can take these specifications and start writing code and implementing the database, much like a builder can take the blue prints of a building and start the construction.

A good system developer must have a sound knowledge of business processes, the state of the art in technology and must be equipped with good design skills. This course exposes the students to the whole process of analyzing and designing computerized information systems.

## ***Topics Covered:***

- Types of Information Systems
- Role of a Systems Developer
- Systems Development Life Cycle
  - Rational Unified Process
- Approaches to Systems Development
  - Prototyping and Rapid Application Development
  - Joint Application Design
- Determining Systems Requirements
- Conceptual Data Modeling
- Unified Modeling Language
  - Use Case Diagramming

- Class Diagrams
- Sequence Diagrams
- State Diagrams
- Managing Information Systems Projects

***Textbook:***

Essentials of Systems Analysis and Design by Valacich, George and Hoffer, 2<sup>nd</sup> Edition,  
Prentice Hall

***Grading:***

Quizzes	40
Exams	100
Assignments	60
Total	200

A at 90%, B+ at 85%, B at 80% etc.

***Contact Information:***

Email: [aagarwal@ufl.edu](mailto:aagarwal@ufl.edu)  
Phone: (352) 392-7300  
Office: 347 Stuzin Hall



# NEW COURSE TRANSMITTAL FORM

(explanations on next page)

## PART 1: TO BE COMPLETED BY THE INSTITUTION

Institution Name: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Decision &amp; Information Sciences - 011707000</b>
Recommended SCNS Course Identification:		
Discipline (SMA) _____	Prefix <b>I S M</b>	Level <b>6</b> Course Number <b>226</b> Lab Code _____
Institution's Course Title: <b>Business Telecom Strategy and Applications</b>		
Effective Term (month and year course will first be offered): <b>Summer 2007</b>		
Amount of Credit: <b>03</b>	If Repeatable Credit or Variable Credit: _____ total repeatable credit allowed _____ minimum / _____ maximum credit within a semester	
Total Clock Hours: <b>N/A</b>	Contact hour base <b>3</b> or Headcount _____	
Course Description (attach a course syllabus): The purpose of this course is to provide students with an introduction and basic overview of the field of business communications. Upon successful completion of this course, students will possess a working knowledge of many of the telecommunications components and associated terminology as they apply to business in this age of electronic communication.		Mark all that apply: Rotating Topic <input type="checkbox"/> yes <input checked="" type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Prerequisites: (This form does not update ISIS or registration prerequisite checking.)		
Corequisites:		
All faculty teaching this course have completed at least 18 graduate semester hours in the teaching discipline and hold at least a master's degree. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Degree Type: (Mark all that apply.) <input type="checkbox"/> Associate of Arts <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Graduate Study <input type="checkbox"/> Other (specify): _____		
Category of Instruction: <input type="checkbox"/> Introductory <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Advanced		
Department Contact, Telephone Number and PO Box: <b>Pat Brawner, 845-1374, PO Box 117169</b>	(Date)	Signature, Department Chair: <b>Asoo J. Vakharia</b>  (Date)
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 392-2397 X1225</b>	(Date)	Signature, College Dean: _____ (Date)
Signature, Graduate Dean (if applicable): _____	(Date)	Signature, Registrar (institutional contact): _____ (Date)

## PART 2: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE

Approved Course Classification (Prefix, Number, Lab Code):	
If not the same as recommended by institution, please explain:	
SCNS Course Title (if new): _____	
Decade Title (if new): _____	
Century Title (if new): _____	
Signature, Faculty Discipline Committee Representative: _____	Date: _____

## PART 3: SCNS STAFF USE ONLY

Signature, SCNS Staff: _____	Date Entered: _____	Correspondence Number: _____
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University of Florida  
Warrington College of Business Administration  
Department of Decision and Information Sciences

### **Proposed Course**

#### **ISM XXXX: Business Telecom Strategy and Applications**

**Instructor:** Prof. Praveen Pathak

Office: STZ 362  
E-mail: praveen@ufl.edu  
Phone: (352) 392-9599 (Office – direct)  
(352) 392-9600 (Office – secretary)  
(352) 392-5438 (Office – fax)

Mailing Address: Department of Decision and Information Sciences  
Warrington College of Business Administration  
University of Florida  
PO Box 117169  
Gainesville, FL 32611-7169

#### ***Instruction Materials:***

1. Computer Networking Complete Package, *3rd edition*, by James Kurose & Keith Ross, Addison Wesley, 2005, ISBN 0321418492
2. Course Packet which contains copies of the PowerPoint slides for each topic covered as well as assignments

#### ***Course Objective***

Data communication technologies have become some of the most important tools available to businesses today. However, as with many developing technologies, the terminology used by communications professionals can be both confusing and intimidating to many business professionals. The purpose of this course is to provide students with an introduction and basic overview of the field of business communications. Upon successful completion of this course, students will possess a working knowledge of many of the telecommunications components and associated terminology as they apply to business in this age of electronic communication

## **Grading**

<b>Sr.No.</b>	<b>Evaluation Mechanism</b>	<b>Weights</b>
1.	Exam – I	25 %
2.	Homework	30 %
3.	Project	20 %
4.	Exam - II	25 %

There will be 6 homework exercises. The due dates for these will be announced in the class. The due dates will not be extended for any reason other than medical reasons.

Term projects will be group projects. Project topics will be assigned to each group at the beginning of the 2<sup>nd</sup> week. Projects will be presented to the class online. Project reports will also be due on the day of the presentation.

The mid-term and final exams will have short answer, multiple choices, and true-false type of questions. They may involve mathematical calculations.

Grades will be awarded according to the following table:

<b>Grade</b>	<b>Letter Grade</b>
93 % +	A
87 % - 92.99 %	B+
80 % - 86.99 %	B
0 % - 79.99 %	Either C+, C, D+, D or F

## **Honors Policy**

You are expected to follow the University Honors Policy when working on assignments, homeworks, projects, and exams.

## **Tentative Class Schedule**

### **Topic 1 -- Computer Networks and the Internet**

- What is the Internet?
- The Network Edge.
- The Network Core.
- Network Access and Physical Media
- ISPs and Internet Backbones.

Delay and Loss in Packet-Switched Networks.  
Protocol Layers and Their Service Models.  
History of Computer Networking and the Internet.

## **Topic 2 -- Application Layer**

Principles of Application Layer Protocols.  
The Web and HTTP.  
File Transfer:FTP.  
Electronic Mail in the Internet.  
DNS-The Internet's Directory Service.  
Socket Programming with TCP.  
Socket Programming with UDP.  
Building a Simple Web Server.  
Content Distribution.

## **Topic 3 -- Transport Layer**

Introduction and Transport-Layer Services.  
Multiplexing and Demultiplexing.  
Connectionless Transport: UDP.  
Principles of Reliable Data Transfer.  
Connection-Oriented Transport: TCP.  
Principles of Congestion Control.  
TCP Congestion Control.

## **Topic 4 -- Networking Layer & Routing**

Introduction and Network Service Model.  
Routing Principles.  
Hierarchical Routing.  
The Internet Protocol.  
Routing and the Internet.  
What's Inside a Router.  
IPv6.  
Multicast Routing.  
Mobility and the Network Layer.

## **Topic 5 -- Link Layer**

Data Link Layer: Introduction and Services.  
Error Detection and Correction Techniques.  
Multiple Access Protocols.  
LAN Addresses and ARP.  
Ethernet.  
Hubs, Bridges and Switches.  
Wireless Links.

PPP: The Point-to-Point Protocol.  
Asynchronous Transfer Mode (ATM).  
Frame Relay.

### **Topic 6 -- Wireless & Mobility**

Introduction to Wireless and Mobility.  
Wi-fi.  
Mobility Principles.  
Cellular Telephony.  
Mobile IP.  
Ad hoc Networks.

### **Topic 7 -- Security**

What is Network Security?  
Principles of Cryptography.  
Authentication.  
Integrity.  
Key Distribution and Certification.  
Access Control: Firewalls.  
Attacks and Countermeasures.  
Security in Many Layers: Case Studies.

### **Topic 8 -- Project Presentation**


Project PowerPoint slides and project reports are due on the day of project presentations



# NEW COURSE TRANSMITTAL FORM

(explanations on next page)

## PART 1: TO BE COMPLETED BY THE INSTITUTION

Institution Name: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Decision &amp; Information Sciences - 011707000</b>
Recommended SCNS Course Identification:		
Discipline (SMA) _____	Prefix <b>I</b> <b>S</b> <b>M</b>	Level <b>6</b> Course Number <b>425</b> Lab Code _____
Institution's Course Title: <b>Data Mining</b>		
Effective Term (month and year course will first be offered): <b>Summer 2007</b>		
Amount of Credit: <b>03</b>	If Repeatable Credit or Variable Credit: _____ total repeatable credit allowed _____ minimum / _____ maximum credit within a semester	
Total Clock Hours: <b>N/A</b>	Contact hour base <b>3</b> or Headcount _____	
Course Description (attach a course syllabus): <b>The course is designed to analyze the entire data mining cycle, data mining techniques, data preparation and application of these techniques on well known problems in customer relationship management.</b>		Mark all that apply: Rotating Topic <input type="checkbox"/> yes <input checked="" type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Prerequisites: (This form does not update ISiS or registration prerequisite checking.)		
Corequisites:		
All faculty teaching this course have completed at least 18 graduate semester hours in the teaching discipline and hold at least a master's degree. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Degree Type (Mark all that apply): <input type="checkbox"/> Associate of Arts <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Graduate Study <input type="checkbox"/> Other (specify): _____		
Category of Instruction: <input type="checkbox"/> Introductory <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Advanced		
Department Contact, Telephone Number and PO Box: <b>Pat Brawner, 846-1374, PO Box 117169</b>	(Date)	Signature, Department Chair: <b>Asoo J. Vakharia</b>  (Date)
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 392-2397 X1225</b>	(Date)	Signature, College Dean: _____ (Date)
Signature, Graduate Dean (if applicable): _____	(Date)	Signature, Registrar (institutional contact): _____ (Date)

## PART 2: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE

Approved Course Classification (Prefix, Number, Lab Code):	
If not the same as recommended by institution, please explain:	
SCNS Course Title (if new): _____	
Decade Title (if new): _____	
Century Title (if new): _____	
Signature, Faculty Discipline Committee Representative: _____	Date: _____

## PART 3: SCNS STAFF USE ONLY

Signature, SCNS Staff: _____	Date Entered: _____	Correspondence Number: _____
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## ISMXXXX - Data Mining

### REQUIRED TEXT

Introduction to Data Mining, Tan P.-N., Steinbach M., Kumar V., 2006, Addison Wesley, Boston, MA.

### SOFTWARE

We will use WEKA for data mining. You can read more about it at <http://www.cs.waikato.ac.nz/~ml/>.

### COURSE OBJECTIVES

The course is designed to analyze the entire data mining cycle. Even though the early focus will be on data mining techniques, the second part of the class focuses on data preparation and application of these techniques on well known problems in customer relationship management. The course will cover:

- how data mining can be used to solve different types of business problems,
- which data mining methods are suitable for which business problems,
- theory behind some of the data mining techniques,
- how to compare and evaluate data mining models and tools,
- how to apply some of these techniques on real business problems and
- data preparation issues.

### COURSE EVALUATION

- **Assignments**-- Assignments are designed to reinforce the lectures. They will require that you review and use the material covered in class.
- **Exams**-- There will be one final exam.
- **Midterms**-- There will be two midterms, each worth 15 points.
- **Project**-- There will be one project.
- **Grading**-- A at 90, B+ at 85, B at 80, C+ at 75, C at 70, D+ at 65, D at 60, F at 59

Midterm exams	30%
Exam	30%
Assignments(6+)	20%
Project	20%

### ACADEMIC DISHONESTY

Any work that you turn in that is not your own creation constitutes cheating. I will follow the university guidelines on academic dishonesty. It is your responsibility to read the university guidelines on this matter.

### CLASS POLICIES

You **cannot** makeup for missed exams or quizzes unless you have proof that you had a legal or medical emergency (regular medical appointments do not constitute an emergency) or had

to be on a job interview (I require a letter from the potential employer and proof that you actually went to the interview). Note that you cannot get extensions for assignments due to job interviews.

**I accept late assignment submissions, however you will lose 10% of the maximum possible grade for every business day your assignment is late.** If you have not turned in your assignment within 10 business day after it was due you will receive a grade of zero for that assignment. **You can not makeup for assignments (no exceptions).** .

There will be **no extra credit work available** at any time for any part of the coursework.

**By enrolling in this course you agree to abide by the course policies.**

## **OFFICE HOURS**

I am available during office hours. Please make an appointment if you have a conflict during office hours.

## **STUDENTS WITH DISABILITIES**

Students requesting classroom accommodation must first register with the Dean of Students Office. The Dean of Students Office will provide documentation to the student who must then provide this documentation to the instructor when requesting accommodation.

### ISMXXXX- Data Mining

Week	Topics	Readings/Assignments/Tutorials
1	<ul style="list-style-type: none"> <li>- Syllabus</li> <li>- Introduction and Overview</li> <li>- Installing and Using Weka</li> </ul>	
2	<ul style="list-style-type: none"> <li>- <i>Classification</i></li> <li>- Decision Tree Induction</li> <li>- Classification data set</li> </ul>	- Project
3	<ul style="list-style-type: none"> <li>- <i>Classification</i></li> <li>- Support Vector Machines</li> </ul>	- Assignment 1
4	<ul style="list-style-type: none"> <li>- <i>Classification</i></li> <li>- Bayesian methods</li> </ul>	
5	<ul style="list-style-type: none"> <li>- <i>Regression and data mining</i></li> <li>- Regression Datasets</li> </ul>	- Assignment 2
6	<ul style="list-style-type: none"> <li>- Statistical Learning Theory</li> <li>- Evaluating Models</li> </ul>	
7	<ul style="list-style-type: none"> <li>- Evaluating Models</li> </ul>	- Assignment 3
8	<ul style="list-style-type: none"> <li>- <i>Association</i></li> <li>- Association data set</li> </ul>	
9	<ul style="list-style-type: none"> <li>- <i>Association</i></li> <li>- <i>Clustering</i></li> <li>- Clustering data set</li> </ul>	- Assignment 4
10	<ul style="list-style-type: none"> <li>- <i>Clustering</i></li> </ul>	
11	<ul style="list-style-type: none"> <li>Preparing Data</li> <li>- Data cleansing</li> <li>- Data Transformation</li> </ul>	- Assignment 5
12	<ul style="list-style-type: none"> <li>- Data warehousing</li> <li>- OLAP</li> </ul>	
13	<ul style="list-style-type: none"> <li>Customer Relationship Management</li> <li>- Cross Selling</li> <li>- Customer Segmentation</li> </ul>	- Assignment 6
14	<ul style="list-style-type: none"> <li>- Market Basket Analysis</li> </ul>	
15	<ul style="list-style-type: none"> <li>- Customer Loyalty/Churn</li> </ul>	



# NEW COURSE TRANSMITTAL FORM

(explanations on next page)

## PART 1: TO BE COMPLETED BY THE INSTITUTION

Institution Name: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Decision &amp; Information Sciences - 011707000</b>
Recommended SCNS Course Identification:		
Discipline (SMA) _____	Prefix <b>M</b> <b>A</b> <b>N</b>	Level <b>6</b> Course Number <b>575</b> Lab Code _____
Institution's Course Title: <b>Purchasing and Supplier Relationship Management</b>		
Effective Term (month and year course will first be offered): <b>Summer 2007</b>		
Amount of Credit: <b>03</b>	If Repeatable Credit or Variable Credit: _____ total repeatable credit allowed _____ minimum / _____ maximum credit within a semester	
Total Clock Hours: <b>N/A</b>	Contact hour base <b>3</b> or Headcount _____	
Course Description (attach a course syllabus): The primary purpose of this course is to introduce students to the basic concepts and tools applied in purchasing and supply chain management. Within the context of the purchasing function, emphasis will be placed on such topics as procurement cycle, information flows, supplier selection, and internet procurement.		Mark all that apply: Rotating Topic <input type="checkbox"/> yes <input checked="" type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Prerequisites: (This form does not update ISIS or registration prerequisite checking.)		
Corequisites		
All faculty teaching this course have completed at least 18 graduate semester hours in the teaching discipline and hold at least a master's degree. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Degree Type (Mark all that apply): <input type="checkbox"/> Associate of Arts <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Graduate Study <input type="checkbox"/> Other (specify): _____		
Category of Instruction: <input type="checkbox"/> Introductory <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Advanced		
Department Contact, Telephone Number and PO Box: <b>Pat Brawner, 846-1374, PO Box 117169</b>	(Date)	Signature, Department Chair: <b>Asoo J. Vakharia</b>  (Date)
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 392-2397 X1225</b>	(Date)	Signature, College Dean: _____ (Date)
Signature, Graduate Dean (if applicable): _____	(Date)	Signature, Registrar (institutional contact): _____ (Date)

## PART 2: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE

Approved Course Classification (Prefix, Number, Lab Code):	
If not the same as recommended by institution, please explain:	
SCNS Course Title (if new): _____	
Decade Title (if new): _____	
Century Title (if new): _____	
Signature, Faculty Discipline Committee Representative: _____	Date: _____

## PART 3: SCNS STAFF USE ONLY

Signature, SCNS Staff: _____	Date Entered: _____	Correspondence Number: _____
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# **PURCHASING AND SUPPLIER RELATIONSHIP MANAGEMENT**

**Instructor:** Prof. Janice Carrillo  
**Office:** 355E Stuzin Hall  
**Telephone:** (352) 392-5858  
**E-mail:** carrilje@ufl.edu

## **COURSE DESCRIPTION**

The primary purpose of this course is to introduce students to the basic concepts and tools applied in purchasing and supply chain management. Within the context of the purchasing function, emphasis will be placed on such topics as procurement cycle, information flows, supplier selection, and internet procurement.

## **REQUIRED MATERIALS**

A course packet is available from Target Copy located on University across the street from the school. Since no other textbook is required, this packet contains the required course materials, including articles and cases.

## **CASES**

We will analyze and discuss many cases during the course of the semester. Each team is assigned two cases. The teams are expected to turn in an executive summary not exceeding 5 double-spaced pages for both of these cases. Problem calculations, computer outputs, exhibits, figures, etc. may be attached to support your analysis, but the essence of the solution must be contained in the five pages. Cases should be turned in on their due dates. Late cases will not be accepted. Each team will also make a 30-40 minute presentation of one of the assigned cases as indicated in the schedule. The class will evaluate the presentation, and the group will receive a summary of the evaluations. All students are expected to prepare for and attend the case discussions.

As indicated below, 5% of your grade will be determined by participation. Please note that you can participate only if you are present. Furthermore, to obtain full participation points, you must consistently come to class prepared and contribute to the class discussion. Also, at the end of the semester, I will ask for a confidential peer evaluation, which will be taken into consideration in assigning your grade (5%).

## PERFORMANCE EVALUATION

	<u>Percent of Final Grade</u>
Case Reports	40% (20% for each report)
Case Presentation	10%
Participation	5%
Peer evaluation	5%
Exam 1	20%
Exam 2	<u>20%</u>
Total Points	100%

Overall letter grades will be *assigned by curve*. That is, the letter grade you receive will be determined by *your ranking among all students in your class*. Typical percentages of letter grades in the past are as follows. However, generous distributions will be awarded to exceptionally performing classes.

A: 20%, B+: 30%, B: 30%, C+: 10%, Cs or Ds: 10%

## ACADEMIC HONESTY

All students are required to follow the academic honesty guidelines published by the university (please see <http://www.dso.ufl.edu/judicial/academic.php>).

## SCHEDULE

### **Topic 1:**

Topic: Introduction to Purchasing and Supply Chain Management  
Forming the Teams

### **Topic 2:**

Topic: Strategic Supply Chain Issues

### **Topic 3:**

Topic: An Overview of the Purchasing Function  
Discussion Case: Hillview Hospital

### **Topic 4:**

Topic: Forecasting Basics  
Reading Assignment: "Rocket Science Retailing is Almost Here- Are You Ready?" By Fisher et al  
"Learning from Toys" By Johnson

### **Case Days:**

Topic: Cases to Reinforce Topics 1-4  
Case 1: A Tale of Two Electronics Companies  
Case 2: Hewlett-Packard: Creating a Virtual Supply Chain

Case 3: Sport Obermeyer  
Case 4: Supply Chain Management at World

## **Exam 1**

### **Topic 5:**

Topic: Bullwhip Effect and Global Issues in Supply Chain Management  
Reading Assignment: Beer Game Instructions

### **Topic 6:**

Topic: Global Supply Chain Management  
Reading Assignment  
"Fast, Global, and Entrepreneurial: Supply Chain Management, Hong Kong Style" by Magretta

### **Topic 7:**

Topic: E-Commerce and Internet Procurement  
Reading Assignment: "Reinventing the Supplier Negotiation Process at Motorola"  
By Metty et al  
"Should You Take the Virtual Fulfillment Path?"  
By Randall et al

### **Topic 8:**

Topic: New Product Development and Supply Chain  
Reading Assignment: "Building Deep Supply Chain Relationships" By Liker and Choi

### **Case Days:**

Topic: Cases to Reinforce Topics 5-8  
Case 5: Barilla  
Case 6: Mattel  
Case 7: FreeMarkets  
Case 8: Amazon.com's European Distribution Strategy

## **Exam 2**

# NEW COURSE TRANSMITTAL FORM

(explanations on next page)

## PART 1: TO BE COMPLETED BY THE INSTITUTION

Institution Name: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Decision &amp; Information Sciences - 011707000</b>
Recommended SCNS Course Identification:		
Discipline (SMA) _____	Prefix <b>M A N</b>	Level <b>6</b> Course Number <b>586</b> Lab Code _____
Institution's Course Title: <b>Project Management</b>		
Effective Term (month and year course will first be offered): <b>Summer 2007</b>		
Amount of Credit: <b>03</b>	If Repeatable Credit or Variable Credit: _____ total repeatable credit allowed _____ minimum / _____ maximum credit within a semester	
Total Clock Hours: <b>N/A</b>	Contact hour base <b>3</b> or Headcount _____	
Course Description (attach a course syllabus): <b>This course is designed to convey the principles, techniques and methods employed in order to be effective in managing projects; structuring project organizations; fundamentals of scheduling; time/cost trade-offs, budgeting, and cost estimation; and monitoring.</b>		Mark all that apply: Rotating Topic <input type="checkbox"/> yes <input checked="" type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Prerequisites: (This form does not update ISI5 or registration prerequisite checking.)		
Corequisites:		
All faculty teaching this course have completed at least 18 graduate semester hours in the teaching discipline and hold at least a master's degree. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Degree Type (Mark all that apply.): <input type="checkbox"/> Associate of Arts <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Graduate Study <input type="checkbox"/> Other (specify): _____		
Category of Instruction: <input type="checkbox"/> Introductory <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Advanced		
Department Contact, Telephone Number and PO Box: <b>Pat Brawner, 846-1374, PO Box 117169</b>	(Date)	Signature, Department Chair: <b>Asoo J Vakharia</b>  (Date)
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 392-2397 X1225</b>	(Date)	Signature, College Dean: _____ (Date)
Signature, Graduate Dean (if applicable): _____	(Date)	Signature, Registrar (institutional contact): _____ (Date)

## PART 2: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE

Approved Course Classification (Prefix, Number, Lab Code):
If not the same as recommended by institution, please explain:
SCNS Course Title (if new): _____
Decade Title (if new): _____
Century Title (if new): _____
Signature, Faculty Discipline Committee Representative: _____
Date: _____

## PART 3: SCNS STAFF USE ONLY

Signature, SCNS Staff: _____	Date Entered: _____	Correspondence Number: _____
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# PROJECT MANAGEMENT

Instructor: Prof. Selcuk Erenguc  
Office: 249 Stuzin Hall  
Telephone: 273-0340  
E-mail: [selcuk.erenguc@cba.ufl.edu](mailto:selcuk.erenguc@cba.ufl.edu)  
Text: Meredith, Jack. R. and Mantel, Samuel J., Jr. *Project Management: A Managerial Approach*, John Wiley and Sons, 2003, 5th. ed. (comes with MS Project and Crystal Ball)

Goldratt, Eliyahu, M. *Critical Chain*, North River Press Publishing Corporation; ISBN: 0884271536; (April 1997). **Available at Florida Bookstore**

**Useful Website:** Project Management Institute web site:  
<http://www.pmi.org/info/default.asp>

**COURSE DESCRIPTION:** In this course we will study a specialized branch of management: Project Management (PM). Mankind has been involved in managing projects since Romans built the aqueducts, the Trojans built the Horse, NASA built the space shuttle and the Russians built the MIR space station. Many professional assignments in industry are, in fact, projects. Other examples of projects include: building a dam, research and development efforts for designing a product and/or process, designing an information system for a specific purpose, launching an election/advertising campaign. A common characteristic of these activities is that each has a one-time focus and a specific purpose and a desired result. PM has evolved to plan, schedule and control complex activities to achieve performance, cost and time objectives for a given scope of work. This course is designed to convey the principles, tools, techniques and methods employed in order to be effective in managing projects. We will use MS Project and Crystal Ball as software tools. We will also make extensive use of Excel, specifically SOLVER.

Students who complete this course will understand:

- The role of the project manager in an organization and ways of structuring organizations to accomplish project objectives.
- The fundamentals of project scheduling, including scheduling projects under uncertainty and resource constraints.
- Risk analysis in Project Management
- Time/Cost tradeoffs in scheduling decisions
- Project budgeting and cost estimation
- Preparing a project plan

## CASES:

We will analyze and discuss six cases plus the *Critical Chain* during the course of the semester. Each team is assigned two cases (or one case plus the *Critical Chain*) and is expected to turn in an executive summary **NOT EXCEEDING 5 DOUBLE-SPACED PAGES (7 double-spaced pages for *Critical Chain*)** for each of the two cases assigned to it. Problem calculations, computer outputs, exhibits, figures, etc. may be attached to support your analysis, but the essence of the solution must be contained in the five pages (seven pages for *Critical Chain*). Your executive summary for the cases should consist of three sections: **Problem and Environment, Analysis, and Recommendations**. Often you may need to make certain assumptions in analyzing the problem. Please make reasonable assumptions and make sure to clearly state your assumptions in the analysis section. Your executive summary of *Critical Chain* should give a succinct summary of the main points of the book and how these points relate to the project management concepts and tools covered in the course. It is important that your executive summary looks very professional. **Cases should be turned in on their due dates. Late cases will not be accepted.** Each case will be presented by one of the teams to whom the case is assigned. Presentations will be **STRICTLY** limited to 20 minutes. All students are expected to prepare for the case discussions. Case-to-team assignments are given in the schedule. For cases 3,4,5 and 6, a set of questions will be provided. For the remaining cases, questions are given in the case write-up. These questions are provided to guide your analysis, please do not feel limited by these questions.

## TEAM PROJECT

Each team is to prepare a complete project plan for a hypothetical project of its choice. The choice of project is completely up to you. This could be a building project, a product development project, a movie making project, a business start-up project, a software development project or any other project of the teams' choice. Although a hypothetical project, you should make every effort to make it look very real. If you have prior work/project experience, that could come handy.

Your project plan should include the following:

- Project definition and scope
- Project objective: what business is your firm/organization in? And how does this project fit in with the overall organizational goals?
- Project selection criteria and economic justification.
- Work Breakdown Structure
- Required resources and allocation of resources to tasks specified in your WBS
- Project Budget
- Project Organization/team
  - o Who is responsible of what
  - o Critical contacts within and outside the organization
- Project Due date, critical milestones
- Project Schedule: network diagram, task start and finish dates, slacks.

- Documentation
- Areas of uncertainty and risk; contingency plans for areas of greatest uncertainty

Each team is to turn in an initial project proposal for my review and approval. These proposals will be returned to you, with my comments. Each team will make a 20-minute presentation of its team project. Your team projects will be graded on completeness and creativity. I will also ask for peer evaluations (from the other teams) and take these into serious consideration in grading your projects.

On the last day of classes, you will be asked to complete a confidential peer evaluation which will help me decide what grade each individual will receive for the work assigned to their team. If the peer evaluations indicate that everybody's contribution to the team effort was roughly equal, all team members will receive the same grade. If this is not the case, I will make downward adjustments on the team work (case/project) grades of those team members who failed to contribute their fair share.

## **HOMEWORK**

Assigned homework problems are indicated in the attached class schedule. Homework problems will not be handed in for a grade. However, you are strongly encouraged to do the homework problems

## **EXAMS**

Exams will cover all the assigned readings, class notes and class discussions.

## **PERFORMANCE EVALUATION**

<u>Opportunity</u>	<u>Points</u>
Cases (2@10)	20
Team Project	20
Final Exam	<u>60 #</u>
Total Points	100

### **Grade Summary :**

90 - 100	A
80 - 89	B
65 - 79	C

# Part of the final exam will be take-home. There will be questions from *Critical Chain* and all of the assigned cases on the in-class part of the final exam.



## APPROXIMATE SCHEDULE

### **1. Introduction to the course**

### **2. Topics:** Overview of Project Management

Project Selection

Risk Analysis with Crystal Ball

Reading Assignment: Chapters 1 and 2

Homework 1: Chapter 2, problems 1-10

### **3. Topics:** Project Selection cont.

Project Manager

Project Organization

Reading Assignments:

Chapter 3: pp.118 - 140

"What It Takes To Be A Good Project Manager" (pp. 180-184)

Chapter 4:

### **4. Topics:**Project Organization Cont.

Project Planning

Reading Assignment: Chapter 5

### **5. Topics:** Project Scheduling

Project Scheduling with MS Project (handout)

Risk Analysis with Crystal Ball

Reading Assignment: Chapter 8:

Homework 2: Chapter 8, problems: 1, 2, 4, 6-10, 12-16,20-22

### **6. Topic:** Project Scheduling and Linear Programming (handout).

Case Presentation:

Case 1: *Pan Europa Foods S.A. (pp. 97-106):*

### **7. Topic:** Resource Allocation

Time-Cost Trade-offs

Reading Assignment: Chapter 9: pp. 443-473, 485-494

Homework 3: Chapter 9, problems 1-9

### **8. Topics:** Resource Allocation continued

Budgeting and Cost Estimation

Monitoring

Reading Assignments: Chapter 7: pp.333-347 ; Chapter 10: pp. 523-532, 552-558

Handout



Homework 4: Chapter 10, problems: 1- 9

**9. Topics:** Budgeting and cost estimation continued.

**10. Case Presentations:**

Case 2: *The Sharon Construction Corporation*

Case 3: *Procter &Gamble Canada: Dayquil Sampling Operations*

Case 4: *H.M.S. Pinafore*

Case 5: *East Aurora Fire Department*

Case 6: *Gadget Toy Company*

Case 7: *D.U. Singer Hospital Products Corp. (pp.501-504).*

Case 8: *Critical Chain*

**11. Guest Speaker**

**12. Team Project Presentations**

**13. In-Class Final Exam**

# NEW COURSE TRANSMITTAL FORM

(explanations on next page)

## PART 1: TO BE COMPLETED BY THE INSTITUTION

Institution Name: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Decision &amp; Information Sciences - 011707000</b>
Recommended SCNS Course Identification:		
Discipline (SMA): _____	Prefix <b>M A N</b>	Level <b>6</b> Course Number <b>591</b> Lab Code _____
Institution's Course Title: <b>Logistics and Distribution Management</b>		
Effective Term (month and year course will first be offered): <b>Summer 2007</b>		
Amount of Credit: <b>03</b>	If Repeatable Credit or Variable Credit: _____ total repeatable credit allowed _____ minimum / _____ maximum credit within a semester	
Total Clock Hours: <b>N/A</b>	Contact hour base <b>3</b> or Headcount _____	
Course Description (attach a course syllabus): In this course you will learn how logistics and distribution consists of all the activities that enable a business to make its products available to consumers at convenient locations, in the required quantities, and at minimum cost to the company. After completing this course, you should have a clear understanding of the challenges firms face in achieving excellence in logistics and distribution.		Mark all that apply: Rotating Topic <input type="checkbox"/> yes <input checked="" type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Prerequisites: (This form does not update ISIS or registration prerequisite checking.)		
Corequisites:		
All faculty teaching this course have completed at least 18 graduate semester hours in the teaching discipline and hold at least a master's degree. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Degree Type: (Mark all that apply): <input type="checkbox"/> Associate of Arts <input type="checkbox"/> Baccalaureate <input checked="" type="checkbox"/> Graduate Study <input type="checkbox"/> Other (specify): _____		
Category of Instruction: <input type="checkbox"/> Introductory <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Advanced		
Department Contact, Telephone Number and PO Box: <b>Pat Brawner, 846-1374, PO Box 117189</b>	(Date)	Signature, Department Chair: <b>Asoo J Vakharia</b>  (Date)
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 392-2397 X1225</b>	(Date)	Signature, College Dean: _____ (Date)
Signature, Graduate Dean (if applicable): _____	(Date)	Signature, Registrar (institutional contact): _____ (Date)

## PART 2: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE

Approved Course Classification (Prefix, Number, Lab Code):	
If not the same as recommended by institution, please explain:	
SCNS Course Title (if new): _____	
Decade Title (if new): _____	
Century Title (if new): _____	
Signature, Faculty Discipline Committee Representative: _____	Date: _____

## PART 3: SCNS STAFF USE ONLY

Signature, SCNS Staff: _____	Date Entered: _____	Correspondence Number: _____
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# MAN XXXX

## Logistics and Distribution Management

**Instructor: Professor Anand Paul**

### Course Description

Logistics and distribution is an important part of operations management in general, and of supply chain management in particular. Roughly put, logistics consists of all the activities that enable a business to make its products available to consumers at convenient locations, in the required quantities, and at minimum cost to the company. Firms that have earned a reputation for world class performance in logistics and distribution management include WalMart and Dell. After completing this course, you should have a clear understanding of the challenges firms face in achieving excellence in logistics and distribution.

The specific topics that we shall study in this course are:

1. Distribution Networks in theory and practice
2. Transportation in the Supply Chain
3. Distribution Inventory Management
4. Applications of Modeling and Optimizing in Logistics and Distribution
5. Logistics Strategy

This course has a dual flavour: we shall study both quantitative and qualitative aspects of logistics. The quantitative or analytic part of the subject deals mainly with modeling and optimizing logistics systems using Excel. The qualitative part of the subject involves a study of real world logistics issues faced by firms in different industries.

### Instructional Materials

We will use a custom text consisting of selected textbook chapters, cases, and other readings. The textbook from which chapters are excerpted is "*Supply Chain Management*" by Sunil Chopra and Peter Meindl (Prentice Hall, 2007, ISBN 9780131730427)

The cases and articles include the following:

- Dollar Tree Logistics (Darden Business Publishing)
- Excel Logistics Services (Kellogg School of Management)
- National Logistics Management (Harvard Business School Publishing)
- Deere and Company Worldwide Logistics (Richard Ivey School of Business)
- Tricon Logistics China (Richard Ivey School of Business)

- Note on Logistics in the Information Age (Stanford University)
- Tailored Logistics: The Next Advantage (Harvard Business Review)
- Get Leverage from Logistics (Harvard Business Review)
- Note on the U.S. Freight Transportation Industry (Harvard Business School Publishing)

### **Grading Policy**

Grades will be determined by fitting to a curve. Weights will be assigned to various components of coursework as follows:

- Individual Problem Sets and Assignments 50%
- Group Case Submissions 30%
- Project Presentation 10%
- Project Report 10%

### **Detailed Syllabus**

#### **Topic 1: The importance of Logistics and Distribution**

Readings: Note on the U.S. Freight Transportation Industry; Note on Logistics in the Information Age

#### **Topic 2 : A Survey of Logistics Problems and Practices**

Readings: Text Book Chapters 4 and 5

#### **Topic 3: Formulating Logistics Optimization Models; Solving Logistics Optimization Models using Excel**

Readings: Instructor's Notes; Dollar Tree Logistics; Excel Logistics Services

#### **Topic 4: Distribution Inventory Management**

Readings: Text Book Chapters 10 and 11

#### **Topic 5: Transportation in the supply chain**

Readings: Text Book Chapter 13; Note on the U.S. Freight Transportation Industry

#### **Topic 6: Logistics Strategy**



Readings: Tailored Logistics: The Next Advantage; Get Leverage from Logistics;  
National Logistics Management; Deere and Company Worldwide Logistics;  
Tricon Logistics China.

**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification:		
Discipline (SMA) <b>1 5 5</b>	Prefix <b>G E B</b>	Level <b>5</b>
Course Number <b>1 1 8</b>		Lab Code
Institution's Course Title: <b>New Venture Creation</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☐ Yes Date Termination Effective: **Summer 2007**

NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) \_\_\_\_\_

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Gordon Rule	N/A	N/A
General Ed Requirement	N/A (areas)	N/A (areas)
Prerequisites/Coresquisites (This form does not update ISIS or registration prerequisite checking)	GEB 5114	None
Change of Course Description (Course syllabus must be attached):		Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) Signature, Department Chair: _____ (Date) <b>11-28-06</b>
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) Signature, College Dean: _____ (Date)
Signature, Graduate Dean (if applicable): _____	(Date) Signature, Registrar (Institutional Contact): _____ (Date)

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code):
If not the same as recommended by institution, please explain:
SCNS Course Title (if new):
Decade Title (if new):
Century Title (if new):
Signature, Faculty Discipline Committee Representative: _____ Date: _____

**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff: _____	Date Entered: _____	Correspondence Number: _____
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification: Discipline (SMA) <b>1 5 5</b> Prefix <b>G E B</b> Level <b>5</b> Course Number <b>1 4 6</b> Lab Code _____ Institution's Course Title: <b>Family Business Management</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☐ Yes Date Termination Effective: Summer 2007

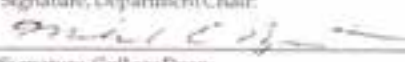
NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) \_\_\_\_\_

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
General Rule	N/A	N/A
General Ed Requirement	N/A (attach)	N/A (attach)
Prerequisites/Coresquisites (This form does not update ISIS or registration prerequisite checking.)	GEB 5114	None
Change of Course Description (Course syllabus must be attached):		Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____	Signature, Department Chair: 	(Date) _____
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) _____	Signature, College Dean:	(Date) _____
Signature, Graduate Dean (if applicable):	(Date) _____	Signature, Registrar (Institutional Contact):	(Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code): If not the same as recommended by institution, please explain:  SCNS Course Title (if new): _____ Decade Title (if new): _____ Century Title (if new): _____  Signature, Faculty Discipline Committee Representative: _____ Date: _____
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**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff: _____	Date Entered: _____	Correspondence Number: _____
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification:		
Discipline (SMA) <b>1 5 5</b>	Prefix <b>G E B</b>	Level <b>5</b>
Course Number <b>5 0 6</b>		Lab Code _____
Institution's Course Title: <b>Corporate Intrapreneurship</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☐ Yes Date Termination Effective: **Summer 2007**

NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) \_\_\_\_\_

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
General Rule	N/A	N/A
General Ed Requirement	N/A (areas)	N/A (areas)
Prerequisites/Consequences (This form does not update PES or registration prerequisite checking.)	GEB 5114	None
Change of Course Description (Course syllabus must be attached):		Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/L Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____ Signature, Department Chair: _____ (Date) _____
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) _____ Signature, College Dean: _____ (Date) _____
Signature, Graduate Dean (if applicable): _____	(Date) _____ Signature, Registrar (Institutional Contact): _____ (Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code): If not the same as recommended by institution, please explain:
SCNS Course Title (if new): _____
Discipline Title (if new): _____
Century Title (if new): _____
Signature, Faculty Discipline Committee Representative _____ Date _____

**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff _____	Date Entered _____	Correspondence Number _____
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification: Discipline (SMA) <b>1 5 5</b> Prefix <b>G E B</b> Level <b>6</b> Course Number <b>1 1 5</b> Lab Code _____ Institution's Course Title: <b>Entrepreneurship</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☐ Yes Date Termination Effective: Summer 2007

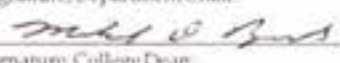
NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) \_\_\_\_\_

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Golden Rule	N/A	N/A
General Ed Requirement	N/A (affix)	N/A (affix)
Prerequisites/Coresquisites (This form does not update SIS or registration prerequisite checking.)	Designed for M.B.A. students	None
Change of Course Description (Course syllabus must be attached):		Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____	Signature, Department Chair: 	(Date) <b>11-28-06</b>
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) _____	Signature, College Dean:	(Date) _____
Signature, Graduate Dean (if applicable):	(Date) _____	Signature, Registrar (Institutional Contact):	(Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code):	
If not the same as recommended by institution, please explain:	
SCNS Course Title (if new): _____	
Decade Title (if new): _____	
Century Title (if new): _____	
Signature, Faculty Discipline Committee Representative	Date

**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff	Date Entered	Correspondence Number
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification: Discipline (SMA) <b>1 5 5</b> Prefix <b>G E B</b> Level <b>6</b> Course Number <b>1 5 5</b> Lab Code _____ Institution's Course Title: <b>Social Entrepreneurship</b>		

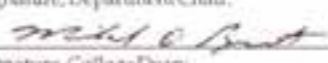
**PART II: REQUESTED ACTIONS**

Terminate Current Course ☐ Yes Date Termination Effective: **Summer 2007**

NEW SCNS Course Identification: (Complete all appropriate areas)  
NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_  
NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) \_\_\_\_\_

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Gordon Rule	N/A	N/A
General Ed Requirement	N/A (areas)	N/A (areas)
Prerequisites/Consequences (This form does not update SIS or registration prerequisite checking.)	non business students	None
Change of Course Description (Course syllabus must be attached):	Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no	

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____	Signature, Department Chair: 	(Date) <b>11-28-06</b>
College Contact, Telephone Number and PO Box: <b>Sharon Houghton, 2-8436x1225, PO 117150</b>	(Date) _____	Signature, College Dean:	(Date) _____
Signature, Graduate Dean (if applicable):	(Date) _____	Signature, Registrar (Institutional Contact):	(Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code): If not the same as recommended by institution, please explain:
SCNS Course Title (if new): _____
Decade Title (if new): _____
Century Title (if new): _____
Signature, Faculty Discipline Committee Representative _____ Date _____

**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff _____	Date Entered _____	Correspondence Number _____
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification:		
Discipline (SMA) <b>1 5 5</b>	Prefix <b>G E B</b>	Level <b>6</b>
Course Number <b>1 5 6</b>		Lab Code _____
Institution's Course Title: <b>Entrepreneurial Opportunity</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☐ Yes Date Termination Effective: **Summer 2007**

NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) \_\_\_\_\_

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Golden Rule	N/A	N/A
General Ed Requirement	N/A (areas)	N/A (areas)
Prerequisites/Coresquisites (This form does not update BIS or registration prerequisite checking.)	Intended for non business students	None
Change of Course Description (Course syllabus must be attached):		Mark any changes that apply: Rotating Topic: <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only: <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit: <input type="checkbox"/> yes <input type="checkbox"/> no

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____ Signature, Department Chair: _____ (Date) _____
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) _____ Signature, College Dean: _____ (Date) _____
Signature, Graduate Dean (if applicable): _____	(Date) _____ Signature, Registrar (Institutional Contact): _____ (Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code): If not the same as recommended by institution, please explain:
SCNS Course Title (if new): _____
Decade Title (if new): _____
Century Title (if new): _____
Signature, Faculty Discipline Committee Representative _____ Date _____

**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff _____	Date Entered _____	Correspondence Number _____
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification: Discipline (SMA) <b>1 3 1</b> Prefix <b>F I N</b> Level <b>6</b> Course Number <b>4 7 6</b> Lab Code _____ Institution's Course Title: <b>Venture Finance</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☐ Yes Date Termination Effective: **Summer 2007**


NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) \_\_\_\_\_

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Grading Rule	N/A	N/A
General Ed Requirement	N/A (attach)	N/A (attach)
Prerequisites/Corequisites (This form does not update ISIS or registration prerequisite checking.)	Fin 5439 or Master of Science - Finance students	None
Change of Course Description (Course syllabus must be attached):		Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____	Signature, Department Chair: 	(Date) <b>11-28-06</b>
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) _____	Signature, College Dean:	(Date) _____
Signature, Graduate Dean (if applicable):	(Date) _____	Signature, Registrar (Institutional Contact):	(Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code): If not the same as recommended by institution, please explain:  SCNS Course Title (if new): _____ Degree Title (if new): _____ Century Title (if new): _____  Signature, Faculty Discipline Committee Representative: _____ Date: _____
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**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff: _____	Date Entered: _____	Correspondence Number: _____
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification: Discipline (SMA) <b>1 3 1</b> Prefix <b>F I N</b> Level <b>6</b> Course Number <b>6 4 2</b> Lab Code _____ Institution's Course Title: <b>Global Entrepreneurship</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☐ Yes Date Termination Effective: Summer 2007


NEW SCNS Course Identification: (Complete all appropriate areas)

NW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) \_\_\_\_\_

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Grading Rule	N/A	N/A
General Ed Requirement	N/A (areas)	N/A (areas)
Prerequisites/Corequisites (This form does not update SIS or registration prerequisite checking.)	Designed for master's students in business.	None
Change of Course Description (Course syllabus must be attached):		Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____	Signature, Department Chair: 	(Date) <u>11-28-07</u>
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) _____	Signature, College Dean: _____	(Date) _____
Signature, Graduate Dean (if applicable): _____	(Date) _____	Signature, Registrar (Institutional Contact): _____	(Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code): If not the same as recommended by institution, please explain:  SCNS Course Title (if new): _____ Decade Title (if new): _____ Century Title (if new): _____  Signature, Faculty Discipline Committee Representative: _____ Date: _____
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**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff: _____	Date Entered: _____	Correspondence Number: _____
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification:		
Discipline (SMA) <b>1 0 9</b>	Prefix <b>R E E</b>	Level <b>6</b>
Course Number <b>9 3 5</b>		Lab Code _____
Institution's Course Title: <b>Real Estate Case Studies</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☐ Yes Date Termination Effective: Summer 2007

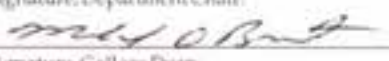
NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) \_\_\_\_\_

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Gordon Rule	N/A	N/A
General Ed Requirement	N/A (areas)	N/A (areas)
Prerequisites/Consequences (This form does not update SIS or registration prerequisite checking)	Real estate masters or real estate/JD students	Master of Science-Real Estate or Joint MSRE/JD students
Change of Course Description (Course syllabus must be attached). Project/case oriented class that makes extensive use of "real world" projects and data. Students are also introduced to data sources and computer programs that are widely used in the industry.		Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____	Signature, Department Chair: 	(Date) <u>11-24-06</u>
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) _____	Signature, College Dean:	(Date) _____
Signature, Graduate Dean (if applicable):	(Date) _____	Signature, Registrar (Institutional Contact):	(Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code): If not the same as recommended by institution, please explain:
SCNS Course Title (if new): _____
Decade Title (if new): _____
Century Title (if new): _____
Signature, Faculty Discipline Committee Representative: _____
Date: _____

**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff: _____	Date Entered: _____	Correspondence Number: _____
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification: Discipline (SMA) <b>1 1 0</b> Prefix <b>R M I</b> Level <b>6</b> Course Number <b>9 0 5</b> Lab Code _____ Institution's Course Title: <b>Individual Work in Risk Management and Insurance</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☒ Yes Date Termination Effective: **Fall 2007**

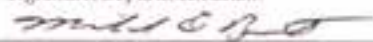
NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) **Fall 2007**

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Grading Rule	N/A	N/A
General Ed Requirement	N/A (areas)	N/A (areas)
Prerequisites/Coresquisites (This form does not update SIS or registration prerequisite checking.)		
Change of Course Description (Course syllabus must be attached):	Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no	

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date)	Signature, Department Chair: 	(Date) <b>11/26/06</b>
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date)	Signature, College Dean:	(Date)
Signature, Graduate Dean (if applicable):	(Date)	Signature, Registrar (Institutional Contact):	(Date)

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code): If not the same as recommended by institution, please explain:  SCNS Course Title (if new): _____ Decade Title (if new): _____ Century Title (if new): _____  Signature, Faculty Discipline Committee Representative _____ Date _____
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**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff _____	Date Entered _____	Correspondence Number _____
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution <b>University of Florida</b>	Institutional Code <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMEAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification:		
Discipline (SMA) <b>1 1 0</b>	Prefix <b>R M I</b>	Level <b>6</b>
Course Number <b>9 1 0</b>		Lab Code _____
Institution's Course Title: <b>Supervised Research</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☒ Yes Date Termination Effective: **Fall 2007**

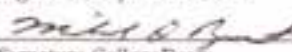
NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) **Fall 2007**

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
Gordon Rule	N/A	N/A
General Ed Requirement	N/A (areas)	N/A (areas)
Prerequisites/Consequents (This form does not update SIS or registration prerequisite checking.)		
Change of Course Description (Course syllabus must be attached):		Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____	Signature, Department Chair: 	(Date) <b>11-28-07</b>
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) _____	Signature, College Dean:	(Date) _____
Signature, Graduate Dean (if applicable):	(Date) _____	Signature, Registrar (Institutional Contact):	(Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code): If not the same as recommended by institution, please explain:
SCNS Course Title (if new): _____
Decade Title (if new): _____
Century Title (if new): _____
Signature, Faculty Discipline Committee Representative _____
Date _____

**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff _____	Date Entered _____	Correspondence Number _____
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification:		
Discipline (SMA) <b>1 1 0</b>	Prefix <b>R M I</b>	Level <b>6</b>
Course Number <b>9 5 7</b>		Lab Code _____
Institution's Course Title: <b>International Studies in Insurance</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☒ Yes Date Termination Effective: **Fall 2007**


NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) **Fall 2007**

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
General Rule	N/A	N/A
General Ed Requirement	N/A	(Area)
Prerequisites/Corquisites (This form does not update SIS or registration prerequisite checking.)		
Change of Course Description (Course syllabus must be attached):		Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____	Signature, Department Chair: 	(Date) <b>11-26-06</b>
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) _____	Signature, College Dean:	(Date) _____
Signature, Graduate Dean (if applicable):	(Date) _____	Signature, Registrar (Institutional Contact):	(Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code):
If not the same as recommended by institution, please explain:
SCNS Course Title (if new):
Decade Title (if new):
Century Title (if new):
Signature, Faculty Discipline Committee Representative
Date

**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff	Date Entered	Correspondence Number
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**PART I: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code and SAMAS Number: <b>Finance, Insurance &amp; Real Estate/011706000/1706000</b>
Current SCNS Course Identification:		
Discipline (SMA) <b>1 1 0</b>	Prefix <b>R M I</b>	Level <b>6</b>
Course Number <b>9 7 1</b>		Lab Code _____
Institution's Course Title: <b>Research for Master's Thesis</b>		

**PART II: REQUESTED ACTIONS**

Terminate Current Course ☒ Yes Date Termination Effective: **Fall 2007**

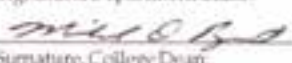
NEW SCNS Course Identification: (Complete all appropriate areas)

NEW Discipline (SMA) \_\_\_\_\_ Prefix \_\_\_\_\_ Level \_\_\_\_\_ Course Number \_\_\_\_\_ Lab Code \_\_\_\_\_

NEW Institution Course Title (if applicable): \_\_\_\_\_

EFFECTIVE TERM FOR CHANGES: (Mo/Yr) **Fall 2007**

Other Items to Change	Change From	Change To
Amount of Credit		
Type of Credit	N/A	N/A
Total Clock Hours (Contact Hour Base or Head Count)		
Type of Degree	N/A	N/A
General Rule	N/A	N/A
General Ed Requirement	N/A (areas)	N/A (areas)
Prerequisites/Corequisites (This form does not update SIS or registration prerequisite checking.)		
Change of Course Description (Course syllabus must be attached):	Mark any changes that apply: Rotating Topic: <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only: <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit: <input type="checkbox"/> yes <input type="checkbox"/> no	

Department Contact, Telephone Number and PO Box: <b>Debbie Himes, 2-0153, PO 117168</b>	(Date) _____	Signature, Department Chair: 	(Date) <b>11-28-07</b>
College Contact, Telephone Number and PO Box: <b>Sharon Haughton, 2-8436x1225, PO 117150</b>	(Date) _____	Signature, College Dean:	(Date) _____
Signature, Graduate Dean (if applicable):	(Date) _____	Signature, Registrar (Institutional Contact):	(Date) _____

**PART III: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE**

Approved Course Classification (Prefix, Number, Lab Code):	
If not the same as recommended by institution, please explain:	
SCNS Course Title (if new):	
Decade Title (if new):	
Century Title (if new):	
Signature, Faculty Discipline Committee Representative	Date

**PART IV: SCNS STAFF USE ONLY**

Signature, SCNS Staff	Date Entered	Correspondence Number
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


Graduate Programs in Business  
Warrington College of Business Administration  
Department of Decision & Information Sciences

3551 Stuzin Hall  
PO Box 117169  
Gainesville, FL 32611-7169  
(352) 392-9600  
(352) 392-5438 Fax

January 8, 2007

To: Arnie Heggstad, Chair  
Masters' Committee  
Warrington College of Business Administration

From:  Prashant J. Vakharia, Chair  
Department of Decision & Information Sciences  
Warrington College of Business Administration

Re: Proposed MS Program in Technology and Supply Chain Management (MS-TSCM)

I am attaching a description of a proposed MS program in TSCM for discussion and approval by the Masters' Committee. If you need any more information, please let me know. Thanks.

**Name of the proposed degree program:** Master of Science with a specialization in Technology and Supply Chain Management (MS-TSCM).

**Description of the Proposed Degree Program:** The MS-TSCM degree will be a graduate degree with a focus on integrating technology in the study of supply chain management. This degree will be offered to a select group of students who have completed an undergraduate degree at an accredited institution. Students will meet the program's requirements by completing courses online (with each semester course requiring a start-up and final exam in-residence meeting). This form of course delivery will enhance access to this important educational area throughout the state of Florida and is consistent with the charge of the University's Work Plan to "assist the state and the nation to meet their needs for professionals educated in information technology" (Work Plan for UF, 8/15/06, p.19).

The program consists of 30 credit hours and is expected to take 20 months to complete. The specific set of courses consists of a few existing and several new courses to be taught by the faculty in the Warrington College of Business Administration (see Exhibit 1 for a listing of proposed courses in the Program).

**Admission Criteria:** All applicants must have (at a minimum) an undergraduate degree from an accredited educational institution. Applicants for admission must submit recent official scores for the GMAT or GRE test as well as official transcripts for all previous academic work. In line with University of Florida policies, applicants whose native language is not English are also required to submit scores for the Test of English as a Foreign Language.



Exhibit 1

**Curriculum for the proposed MS-TSCM Program**

All courses are 3 credit-hours.

**Semester 1**

QMB 5303: Introduction to Managerial Statistics

ISM xxxx: Systems Analysis and Design

**Semester 2**

MAN xxxx: Purchasing and Supplier Relationship Management

ISM xxxx: Database Management Systems

**Semester 3**

MAN 5501: Operations Management

ISM xxxx: Business Telecom Strategy and Applications

**Semester 4**

MAN xxxx: Logistics and Distribution Management

ISM xxxx: Data Mining

**Semester 5**

MAN xxxx: Project Management

MAN 6619: International Logistics

employed in order to be effective in managing projects; structuring project organizations; fundamentals of scheduling; time/cost trade-offs, budgeting, and cost estimation; and monitoring.

**MAN 6591 – Systems Analysis and Design—Logistics and Distribution Management**

- Credits: 3
- Contact Hours: 3 Base hours
- Description: In this course, you learn how logistics and distribution consists of all the activities that enable a business to make its products available to consumers at convenient locations, in the required quantities, and at minimum cost to the company. After completing this course, you should have a clear understanding of the challenges firms face in achieving excellence in logistics and distribution.

**Course Changes:**

**GEB 5118 – New Venture Creation**

- ♦ Prerequisites: OLD – GEB 5114.  
NEW – None

**GEB 5146 – Family Business Management**

- ♦ Prerequisites: OLD – GEB 5114.  
NEW – None

**GEB 5506 – Corporate Intrapreneurship**

- ♦ Prerequisites: OLD – GEB 5114.  
NEW – None

**GEB 6115 – Entrepreneurship**

- ♦ Prerequisites: OLD – Designed for MBA students.  
NEW – None

**GEB 6155 – Social Entrepreneurship**

- ♦ Prerequisites: OLD – Non business students.  
NEW – None

**GEB 6156 – Entrepreneurial Opportunity**

- ♦ Prerequisites: OLD – Intended for non business students  
NEW – None

**FIN 6476 – Venture Finance**

- ♦ Prerequisites: OLD – FIN 5439 or Master of Science-Finance students.  
NEW – None

**FIN 6642 – Global Entrepreneurship**

- ♦ Prerequisites: OLD – Designed for masters students in business.  
NEW – None

**REE 6935 – Real Estate Case Studies**

- ♦ Prerequisites: OLD – Real estate masters or real estate/JD students

# 1/29/07 Faculty Meeting Attendance Record

Alba	Joe
Aytug	Haldun
Berg	Sandy
DeSantiago	Dominique
Emerson	Robert
Erenguc	Selcuk
Hamilton	Jon
Kraft	John
Limon	Sean
McCollough	Andy
Pathak	Praveen
Paul	Anand
Ray	Brian
Rossi	Bill
Smith	Stan
Vakharia	Asoo