

C - Small Curricular Revisions : Entry # 2989**Today's Date**

09/15/2023

Your Name

Jenny Lukow

Your Email:jlukow@highpoint.edu**Department Chair Name**

Jenny Lukow

Email address of your department chairjlukow@highpoint.edu

By checking below I am certifying that my department chair (named above) has seen and approved the courses that are included in this proposal.

Yes

Please select the appropriate school overseeing this proposal:

Communication

Does this proposal correspond to a particular term?

Fall 2023

Which category does this change fall under?

- Course name
- Course prerequisite(s)

Changes to course number, name, and/or description**Current Course Number & Name (prefix and number)**

EMG 1200 Introduction to Experiential Event Management

Proposed New Course Number & Name

EMG 1200 Introduction to Event Management

Proposed new description**Brief rationale for change**

More succinct name

Course Prerequisite Changes**Course Prefix & Number**

EMG 2200

EMG 2400

Current Prerequisite(s)

EMG 1200; EMG 1400

EMG 1200; EMG 1400

Proposed Prerequisite(s)

EMG 1200

EMG 1200

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After having taught EMG 2200 and 2400 for several years now, we have realized that there is no need to have EMG 1400 as a prerequisite for these courses.

Does this change affect any other departments, schools, or programs besides your own? If so, please describe your consultation process with affected parties.

No

Dean Review**[DEAN] I approve/deny this proposal**

Approve

Today's Date

15-09-2023

Name of Dean (if this is being reviewed by multiple deans, please indicate who approved it first here)

Dr. Ginny McDermott