Course Change Form

Date of Request: January 18, 2008
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DIXIE STATE COLLEGE OF UTAH

Course Addition

Originator: Philip Lee
Department: Business
Replacement Course ID:

1. Course Title: **Aviation Finance**
   Prefix & Num. AVIA 3050

2. Pre-requisite(s):
   Co-requisite(s):
   Instructor permission required: No
   
   Class Hours/Week:
   LEC: 3.00
   LBC w/ cr: 0.00
   *LNC w/ no cr: 0.00
   Credits: 3.00
   
   Clinical: 0.00
   Practicum: 0.00
   Independent Study: 0.00

3. Semester to be Implemented: **Spring, 2008**
   Day ☑
   Extended Day ☐
   Grade type: **Regular**

4. Cost Code: **DCE302**
   Lab Fee: 0
   Additional Fees: $0.00
   Potential WLF: 3.33

5. Is this course designed for a specific group? **Yes**
   Who? **B.S. Aviation Management**

6. Catalog Description: ☐ Now in Print, or ☑ Proposed Below:
   
   An introduction to the administrative and financial aspects of aviation management. Topics include financial and accounting strategies, financial analysis and planning, budgeting, short, intermediate, and long term financing, leveraging, revenue and expense sources, economic impacts of aviation operations, etc. Aviation-related businesses are emphasized. Prerequisite: Admission to Dixie State College Aviation Management baccalaureate program. 3 lecture hours per week.

7. Course justification (attach sheets if needed):
   
   Course in the approved B.S. Aviation Management program

8. Are library resources adequate to support this change? **Yes**
   If not, how are those resources to be acquired?

9. Are technical and other resources available? **Yes**
   If not, how are those resources to be acquired?

10. Relationship to the curriculum: Would the course fill a G.E. requirement? **No**
    If yes, which G.E. area? If it does not fill a G.E. requirement, would the course offer elective credit? **Yes**

11. Transferability of the course: List comparable courses at other colleges and universities:

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Approval Signatures:

Dean: [Signature]
Date: ________

Academic VP: __________________________
Date: ________