Course Change Form

Date of Request: September 7, 2009
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Course Addition

Originator: Philip Lee
Department: Business
Replacement Course ID: OPER 1010
Prefix & Num. OPER 1010

1. Course Title: Quality Systems and Processes I

2. Pre-requisite(s): None
   Co-requisite(s):
   Instructor permission required: No
   Credits: 3.00

   Class Hours/Week: *LEC: 3.00  *LBC w/cr: 0.00  *LNC w/no cr: 1.00
   Clinical: 0.00  Practicum: 0.00  Independent Study: 0.00

3. Semester to be Implemented: Fall, 2010
   Day ☒  Extended Day ☒  Grade type Regular

4. Cost Code:
   Lab Fee: $0.00  Additional Fees: $0.00  Potential WLF: 0.00

   Explanation of Fees:

5. Is this course designed for a specific group? No ❌  Who?

6. Catalog Description: ☐ Now in Print, or ☒ Proposed Below:

   Provides an introductory knowledge of the use of quality systems and processes in manufacturing, including an overview of the ISO 2008 and total quality management (TQM) systems. The course covers standards in evaluating quality and reducing variance in manufacturing products with related experiences focusing on Six Sigma leadership and working toward Greenbelt Six Sigma status for each student. The course includes lectures, site visits, laboratory work and supervised on-the-job training experiences. 3 lecture hours and lab or practicum time each week.

7. Course justification (attach sheets if needed):
   Part of the Manufacturing Program career ladder/ AAS in Operations Management

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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<th>G.E.</th>
<th>Elective</th>
<th>Course Title</th>
<th>Credits</th>
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Approval Signatures:

Department Chair: [Signature]  Date: 9-11-09

Associate Dean/Dean: [Signature]  Date: 9-10-09

Curriculum Chair: [Signature]  Date: __________

Academic VP: [Signature]  Date: __________