FACULTY CURRICULUM COMMITTEE CHANGE/DELETE PROGRAM FORM

Contact Name: Kelly Shaver  Email: shaverk@cofc.edu  Phone: 3-2276

Department and School Name: Management and Entrepreneurship  Name and Acronym of Program: ENTR

Date (Semester/Year) changed/deleted program will take effect: Spring 2012

I. CATEGORY OF REVIEW (Check all that apply)

☐ Terminate Program (check one):  ☐ Degree  ☐ Major  ☐ Emphasis (concentration/track)
(if checked, skip section II, IV, V, and VII below)

☐ Change Request (attach details):
  ☐ Add existing course or courses to requirements or electives
  ☐ Add new course(s) to requirements or electives (complete and attach COURSE FORM for each)
  ☐ Delete courses from requirements or electives
  ☐ Add new emphasis (check one):  ☐ concentration  ☐ track  Total # of hours:
  (note: any emphasis involving more than 18 credit hours will also require CHE approval)

☐ Interdisciplinary (attach evidence of compliance with guidelines and acknowledgement from relevant departments. Guidelines can be found: http://curriculum.cofc.edu/guidelines-interdisc/index.php)

II. DESCRIPTION OF CHANGES: If a changed program—please explain changes here; if a new emphasis—please provide the details here.

Add ENTR 451 Health Sciences Entrepreneurship to the ENTR concentration electives.

III. RATIONALE or JUSTIFICATION For changes or termination, please provide a detailed justification. For a new emphasis, briefly address the goals/objectives for the new emphasis, provide evidence of student interest (i.e., has the program offered special topics courses in this area? has the program interviewed student focus groups as part of an internal assessment? etc.), and explain how the emphasis supports the liberal arts tradition and the mission of the institution.

In a recent national survey, South Carolina was the least favorable climate for entrepreneurship (ranked literally as number 50). The Medical University of South Carolina has just undergone a strategic planning effort that identified Entrepreneurship as one of its 4 major pillars going forward. This course enhances the College of Charleston’s institutional connections to MUSC, while providing our undergraduate business and science students with exposure to medical research and commercialization that they can receive nowhere else.

The course requires students to solve complex and practical problems, to write detailed descriptions of technologies that were unfamiliar to them (and how to commercialize these technologies), and to present the results of their work to a professional audience that includes the leaders of MUSC research laboratories.
IV. CURRICULUM

A. Provide the complete curriculum for the changed program and/or new emphasis distinguishing between required and elective courses. Note pre-requisite courses where appropriate. Note any sequencing of courses or requirements in the program.

B. Provide the COMPLETE curriculum for the changed program and/or new emphasis distinguishing between required and elective courses. Note pre-requisite courses where appropriate. Note any sequencing of courses or requirements in the program, listed exactly as it should appear in the catalog. Attach the completed COURSE FORM and a sample syllabus for each new course.

Not applicable. Addition of one elective course only.

V. STUDENT LEARNING OUTCOMES and ASSESSMENT

<table>
<thead>
<tr>
<th>Program-Level Student Learning Outcomes</th>
<th>Assessment Method and Performance Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>What will students know and be able to do when they complete the program/emphasis? Attach Curriculum Map.</td>
<td>How will each outcome be measured? Who will be assessed, when, and how often? How well should students be able to do on the assessment?</td>
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<tr>
<td>1. Please see descriptions on the attached course form.</td>
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</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

Additional Outcomes or Comments:
VI. IMPACT ON EXISTING PROGRAMS and COURSES Please briefly document the impact of this changed/deleted program or new emphasis on other programs and courses; if changing/deleting a program—list all programs that will be impacted (and how); if adding a new emphasis—explain any overlap with existing programs or courses in the same or different departments.

Please see attached course proposal.

VII. COSTS ASSOCIATED WITH THE ACTION REQUESTED List all of the new costs or cost savings, (including new faculty/staff requests, library or equipment, etc.) associated with the action requested.

Please see attached course proposal.

VIII. APPROVAL and SIGNATURES

1. Signature of Department Chair or Program Director: ____________________________ Date: 2/23/12

2. Signature of Academic Dean: ____________________________ Date: 3/11/12

3. Signature of Provost: ____________________________ Date: 3/8/12

4. Signature of Curriculum Committee Chair: ______________________________________ Date: __________

5. Signature of Budget Committee Chair: ______________________________________ Date: __________

6. Signature of Academic Planning Committee Chair: ____________________________ Date: __________

7. Signature of Faculty Senate Secretary: ______________________________________ Date: __________

Date Approved by Faculty Senate: ______________________________________

Following Senate approval, the Faculty Senate Secretary will forward the entire packet to the Registrar.
FACULTY CURRICULUM COMMITTEE COURSE FORM

Contact Name: Kelly Shaver  Email: Shaverk@cofc.edu  Phone: 3-2276

Department or Program Name: Management and Entrepreneurship  School name: Business

Course Prefix, Number, and Title: ENTR 451 Health Sciences Entrepreneurship

I. CATEGORY OF REVIEW (Check all that apply)
(Note: For changes to course, if you check more than two separate changes, you must create a new course.)

NEW COURSE

☐ New Course (attach syllabus)

CHANGE COURSE

☐ Change Number
☐ Change Title
☐ Change Credits/Contact hours
☐ Prerequisite Change
☐ Edit Description

DELETE COURSE

☐ Re-activate Course
☐ Delete Course

☐ Approve for Cross-listing (attach rationale and written permission from relevant department)

☐ Intended to fulfill a General Education requirement (new courses only). If this box is checked, the course must also be submitted for review by the General Education Committee using this form.

Date (Semester/Year) the course will first be offered: Fall 2012

What are the prerequisites AND OTHER RESTRICTIONS (e.g., class level, major, co-requisite, credit for a mutually exclusive course)?

ENTR 320 or Instructor Permission for non-Business majors.

Will this course be added to the Degree Requirements of a Major, Minor, Concentration or List of Approved Electives?

a) ☒ Yes  ☐ No

b) If yes, complete and attach the CHANGE DEGREE REQUIREMENT form(s) for each affected program. List the name(s) of each program affected below:

Entrepreneurship Concentration

II. NUMBER OF CREDITS and CONTACT HOURS per week

A. Contact Hours

<table>
<thead>
<tr>
<th>Lecture</th>
<th>Lab</th>
<th>Seminar</th>
<th>Ind. Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Credit Hours 3

Is this course repeatable? ☐ yes ☒ no  If so, how many credit hours may the student earn in this course?
III. CATALOG DESCRIPTION  Limit to 50 words EXACTLY as you want it to appear in the catalog: include prerequisites, co-requisites, and other restrictions.

This course examines the process of commercializing research results from medical research laboratories. Topics include drug discovery and development, preclinical and clinical trials, market assessment for biomedical products, competitive analysis, revenue models and exit strategies. The course has a project-based format.

Prerequisites: ENTR 320 or Instructor Permission for non-Business majors

IV. RATIONALE or JUSTIFICATION: If course change or deletion—please provide reasons for change(s) to or deletion of a course. If a new course—briefly address the goals/objectives for the course, how the course supports a major or minor program, etc. For non-major courses address how the course supports the liberal arts tradition and the mission of the institution.

This course provides both business and science students the opportunity to solve real problems in the relatively unstructured setting of biomedical start-up ventures in South Carolina. Additionally, the course encourages students in different disciplines to learn from each other. Finally, the course includes biomedical research graduate students as part of a course-development commitment made to the National Science Foundation in a grant to the College of Charleston.

As suggested above, it is especially valuable for the course to include science students (primarily Biology) as well as business students. Though the specific content is narrowly drawn, the independent learning, creative problem solving, and effective communication required all contribute to the liberal arts tradition.

V. STUDENT LEARNING OUTCOMES and ASSESSMENT

<table>
<thead>
<tr>
<th>Student Learning Outcomes</th>
<th>Assessment Method and Performance Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>What will students know and be able to do when they complete the course?</td>
<td>How will each outcome be measured? Who will be assessed, when, and how often? How well should students be able to do on the assessment?</td>
</tr>
<tr>
<td>1. Students will apply their discipline-based skills to solve practical commercialization problems.</td>
<td>This course involves student-centered learning, represented in a market feasibility study for the commercialization of research originating in laboratories at the Medical University. Business and science undergraduates from the College of Charleston will work on teams led by graduate students at MUSC, with all teamwork done under the guidance and developmental interventions of the instructor. The final written projects, to be presented to the MUSC research scientists whose laboratories are involved, will require completion of each learning objective in order to be successful.</td>
</tr>
<tr>
<td>2. Students will have a better understanding of the medical research process.</td>
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<tr>
<td>3. Students will know how to begin assessing the market for a medical device or pharmaceutical.</td>
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<tr>
<td>4. Students will understand the process of drug development and commercialization.</td>
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</tbody>
</table>

How does this course align with the student learning outcomes articulated for the major, program, or general education? What program-level outcome or outcomes does it support? Is the content or skill introduced, reinforced, or demonstrated in this course?
The Department of Management and Entrepreneurship seeks to provide students with an education that strengthens their ability to work collaboratively to solve problems in contexts that approximate the business environment they will face upon graduation. This course contributes directly to the mission and the organizing principles of the Entrepreneurship Concentration.

VII. IMPACT ON EXISTING PROGRAMS and COURSES: Please briefly document the impact of this new/changed/deleted course on other programs and courses; if deleting a course—list all programs that include the course; if adding/changing a course—explain any overlap with existing courses in the same or different departments.

The course will be one of the electives in the Entrepreneurship Concentration for BSBA majors in the School of Business. Shifts in overall enrollments are not anticipated.

VIII. COSTS ASSOCIATED WITH THE ACTION REQUESTED: List all of the new costs or cost savings, (including new faculty/staff requests, library or equipment, etc.) associated with the action requested.

The course has already been taught, using a C of C faculty member and a volunteer (i.e. unpaid Adjunct) instructor from the Medical University of South Carolina. No new costs will be associated with changing this course from its current MGMT 360 (Special Topics) designation to a course name and number of its own.

IX. APPROVAL AND SIGNATURES

1. Signature of Department Chair or Program Director:

   [Signature]
   Date: 2/23/12

2. Signature of Academic Dean:

   [Signature]
   Date: 3/11/12

3. Signature of Provost:

   [Signature]
   Date: 3/18/12

4. Signature of Curriculum Committee Chair:

   [Signature]
   Date:

5. Signature of Faculty Senate Secretary:

   [Signature]
   Date:

Date Approved by Faculty Senate: ____________________________

Following Senate approval, the Faculty Senate Secretary will forward the entire packet to the Registrar.