Prefix & Number:  AVMG 5170               Initial Term:  FALL 2009

Select One:
New _______    Delete _______    Course Modification  X

Type of modification:
______ Title _______ Description _______ Credit hours
______ Prerequisites _______ Grade Type
Number: _______ Old
________ New

Title:  Airline Management

College/School:  Business               Dept:  AVSC

Abbreviated Title:  Airline Management (32 spaces total)

<table>
<thead>
<tr>
<th>CREDIT OFFERED</th>
<th>CONTROLS</th>
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</thead>
<tbody>
<tr>
<td>Levels: (select all that apply)</td>
<td>Grading Rule:</td>
</tr>
<tr>
<td>____ None (Blank)</td>
<td>X Undergraduate (U)</td>
</tr>
<tr>
<td>X Undergraduate (U)</td>
<td>_____ Graduate (G)</td>
</tr>
<tr>
<td>_____ Graduate (G)</td>
<td>_____ Pass/Fail only (SU)</td>
</tr>
<tr>
<td>_____ Professional (P)</td>
<td>_____ Thesis/Dissertation (TD)</td>
</tr>
</tbody>
</table>

Maximum:  3
Minimum:  3

Connector: (select one)
__X_ Fixed (F)
_____ Variable (V)
_____ Alternate (A)
_____ To be Arranged (T)

Maximum Repeat:  3
(Total number of credit hours; not total number of times)

Session Duplicate:
yes _____ no _X_

Grading Type: (select one)
___ Normal grading (Blank)
__X_ Pass/Fail only (SU)
_____ Thesis/Dissertation (TD)

Term Offered: (select one)
___ Not Specified (Blank)
__X_ Fall Only (F)
_____ Spring Only (S)
_____ Summer Only (M)
_____ Fall, Spring (FS)
_____ Intersession (I)
**Prerequisites**
AVMG 1010, AVMG 3050, SCMN 3150, and SCMN 3720 or departmental approval.

**Corequisites**

**Description for Bulletin**
Credit will not be given for both ____________ and ______________

<table>
<thead>
<tr>
<th>Activities</th>
<th>Contact Group</th>
<th>Hours</th>
<th>Indiv</th>
<th>Credit</th>
<th>Max Enroll</th>
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<tr>
<td>1st: ____</td>
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<td>2nd: ____</td>
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<td>3rd: ____</td>
<td>_____</td>
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</tbody>
</table>

**Justification (Indicate reason for change)**
This is an update of the prerequisites for the course since the curriculum model is being modified. The prerequisite change is necessary since the requirements of the option are being modified.

**Additional resources or resource shifting required. If none, please explain.**
None, this is an update of the prerequisite of an already existing course.

Attach a copy of new syllabus to add course or to modify course except for changes in prerequisites that involve letter grade or GPA. Also, attach a copy of current syllabus for all changes except changes in prerequisites that involve letter grade or GPA. No attachment required to delete course.

**Contact Person**
Joe B. Hanna

**Email**
Hannajb@auburn.edu

**Phone #**
844-4908

Revised 2/8/05
Approvals

Undergraduate Requests

____________________________ Head ______________________ Date
Department

____________________________ Chair ______________________ Date
College/School Curriculum Committee

____________________________ Dean ______________________ Date
College or School

____________________________ Chair ______________________ Date
University Curriculum Committee

Graduate Requests

____________________________ Head ______________________ Date
Department

____________________________ Chair ______________________ Date
College/School Curriculum Committee

____________________________ Dean ______________________ Date
College or School

____________________________ Chair ______________________ Date
Graduate Council

____________________________ Chair ______________________ Date
University Curriculum Committee