

COURSE AND SYLLABUS FORM

Syllabus Cover Sheet

Course Discipline Code & No: CUL151 Title: FOOD SERVICE MARKETING Effective Term FALL04
 Division Code: _____ Department Code: _____ Org #: 13500
 Don't publish: College Catalog Time Schedule Web Page

Reason for Submission. Check all that apply.
 New course approval Minor change (Corrections, editing, clarification)
 Five-year syllabus review (Attach assessment results.) Reactivation of inactive course
 Major change Inactivation (Submit this page only.)

Change information:
Minor changes
 Course discipline code & number (was _____) (when changing course number, select "inactivation" to discontinue the old course.)
 Course title (was _____)
 Course description
 Course objectives (minor changes)
Major changes (reviewed by Curriculum Committee.)
 Credit hours (credits were: _____)
 Total Contact Hours (total contact hours were: _____)
 Distribution of contact hours (contact hours were: _____ lecture: _____ lab _____ clinical _____ other _____)
 Pre or co-requisites
 Distance Learning section approval
 General Education Distribution Course: Add Remove
 Honors section approval
 Change in Grading Method
 Objectives
 Other _____
 For major changes, consultation with all departments affected by this course is required. Attach "course use in programs" report from Curriculum Database for Faculty.

Rationale for course or course change
 1. Assessment-based: TO BE IN COMPLIANCE WITH ACF STANDARDS, WE
 2. Non-assessment-based: ARE CURRENTLY NOT IN COMPLIANCE.

Approvals Department and divisional signatures indicate that all departments affected by the course have been consulted.

Department Review by Chairperson New resources needed All relevant departments consulted
 Print: _____ Signature _____ Date: _____
 Faculty/Preparer
 Print: PAUL MC PHERSON Signature Paul McPherson Date: 5/27/04
 Department Chair

Division Review by Dean Request for conditional approval
 Recommendation Yes No _____
 Dean's/Administrator's Signature _____ Date: 5/26/04

Curriculum Committee Review
 Recommendation _____
 Tabled Yes No _____
 Curriculum Committee Chair's Signature _____ Date _____

Vice President of Instruction Approval
 Approval Yes No _____
 Vice President's Signature _____ Date: 5/26/04

Do not write in shaded area.
 ACS Code _____ Entered in: Banner 7/6 C&A Database 5/26 Log File 5/26/04
 Approved for General Education Area/Group _____ Syllabus Date _____
 Basic skills table updated
 Contact table updated

COURSE AND SYLLABUS FORM

Course Discipline & No.: CUL 157 Title: FOOD SERVICE MGMT.

Credit hours: _____ If variable credit, give range: _____ to _____ credits	Instructor contact hours per semester: Lecture: _____ Lab: _____ Clinical: _____ Practicum: _____ Other: _____ Total contact hours: _____	Class capacity: _____ Standard capacity is 30 students unless otherwise specified in the Master Agreement.	Grading options: <input type="checkbox"/> P/NP (limited to clinical & practica) <input type="checkbox"/> S/U (for courses numbered below 100) <input type="checkbox"/> Letter grades
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Prerequisites. Select one:
 College-level Reading & Writing
 Reduced Reading/Writing Scores
 COMPASS Reading _____
 COMPASS Writing _____
 No Basic Skills Prerequisite
 (College-level Reading and Writing is not required.)

Corequisites (must be enrolled in this class also during the same semester):
CUL 110

In addition to Basic Skills in Reading/Writing:
Level I (enforced in Banner)

Course/Test	Grade/Score	Concurrent Enrollment
<u>CUL 110</u>	_____	<input checked="" type="checkbox"/>
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	<input type="checkbox"/>
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	<input type="checkbox"/>
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____	<input type="checkbox"/>

Level II (enforced by instructor on first day of class)

Course	Grade/Score
_____	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____
<input type="checkbox"/> and <input type="checkbox"/> or _____	_____

Enrollment restrictions (In addition to prerequisites, if applicable.) <input type="checkbox"/> and <input type="checkbox"/> or <input type="checkbox"/> Instructor consent required <input type="checkbox"/> and <input type="checkbox"/> or <input type="checkbox"/> Admission to program required Program _____ <input type="checkbox"/> and <input type="checkbox"/> or <input type="checkbox"/> Other (please specify): _____	Please send syllabus for transfer evaluation to: <input type="checkbox"/> EMU <input type="checkbox"/> UM _____ _____ _____	Instructional mode <input type="checkbox"/> On campus <input type="checkbox"/> Online <input type="checkbox"/> Blended (online and on-campus combined) <input type="checkbox"/> ITV <input type="checkbox"/> Other
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Course Options General Education Group I (Select one area) <input type="checkbox"/> Writing <input type="checkbox"/> Nat. Sci. <input type="checkbox"/> Speech <input type="checkbox"/> Soc./Behav/ Sci. <input type="checkbox"/> Math <input type="checkbox"/> Arts/Hum. Courses must meet all criteria. <input type="checkbox"/> 1. Is a standard introductory course in the discipline <input type="checkbox"/> 2. Has a verified transfer acceptance <input type="checkbox"/> 3. Meets the critical thinking requirement <input type="checkbox"/> 4. Assesses academic achievement <input type="checkbox"/> 5. Covers minimum knowledge/skills	Honors section. Not all criteria are required. Check relevant items. <input type="checkbox"/> 1. Emphasis on primary source materials <input type="checkbox"/> 2. Emphasis on independent study/research <input type="checkbox"/> 3. Greater rigor of course materials <input type="checkbox"/> 4. Interdisciplinary approach <input type="checkbox"/> 5. Development of critical thinking skills <input type="checkbox"/> 6. Additional course objectives <input type="checkbox"/> 7. Additional instructional methods <input type="checkbox"/> 8. Satisfaction of the service component
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List all new resources needed for course, including library materials.

WASHTENAW COMMUNITY COLLEGE
 COURSE-SYLLABUS APPROVAL FORM (CSAF)

026 13510

SECTION I. COURSE SUBMISSION INFORMATION

1. **Course:**
 Discipline/No: CUL 151 Title: Food Service Marketing

Division Code: BUS Department Code: F/H Effective Term: Fall 2000
 Do not publish in Time Schedule
 Do not publish in College Catalog

2. **Type of Approval:**
 Full Approval
 Conditional Approval
 This proposal previously received conditional approval for the Term: _____

3. **Reason for Submission:** This Course is being submitted for: (check all that apply)
 New Course Approval
 Five-year Syllabus Review No changes to course
 Major Change(s)
 Minor Change(s)
 Reactivation of Inactive Course
 Inactivation

4. **Change Information:**
Minor Changes
 Course Discipline/Number (was _____)
 Course Title (was _____)
 Course Description
 Capacity (was: _____)
 Pre or Corequisites
 Course Objectives
 Distribution of Contact Hours (contact hours were: lect: _____ lab _____ clin _____ exp _____)
 Distance Learning - minor Other _____

Major Changes
 Credit hours (credits were: _____)
 Core Elements: (Elements to be added: _____)
 (Elements to be removed: _____)
 Grading
 Course Objectives affecting core elements
 Total Contact Hours (total contact hours were: _____)
 Honors
 Distance Learning - major
 Other _____

5. **Rationale for changes:**

SECTION II. COURSE REVIEW INFORMATION AND SIGNATURES

1. **Department Review**
 Will significant new resources be required? yes no (If yes, explain _____)
 Have departments that may be affected by this course been consulted? yes no (Explain no other dept. affected.)
 Does the department support approval of this course? yes no

Print: Jillaine Beauchamp Signature: Jillaine M. Beauchamp Date: April 2000
 Faculty/Preparer

Print: Don L. Garrett Signature: Don L. Garrett Date: 3/30/00
 Department Chair

2. **Division Review**
 Will significant new resources be required? yes no (If yes, have they been secured? yes no)
 Is this a curricular priority for your division? yes no (Comment _____)
 What is your estimate of projected enrollment? _____

Recommendation Yes No Bella D. Gardner 3/30/2000
 Division Dean's Signature Date

3. **Curriculum Committee Review** Recommendation Yes No
 Curriculum Committee Chair's Signature M. Showatz Date 4-17-00

4. **Vice President for Instruction and Student Services Approval**
 Approval Yes No Mary Oleson 4/27
 Vice President's Signature Date

Data File 5/11/00 ACS Code 126 Catalog File Date 5/11/00 CIP File Date 5/13/00
 Core Elements Approved N/A New Syllabus Date 3/30/00

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MAY 16 2000

MELISSA L. HASLER

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C. CORE ELEMENT INFORMATION

1. Core Element Submission Information:

- This course has been previously approved for core elements. List **currently** approved core elements: 1
- Please review this course for core elements marked in part 2 below.
- This course does not meet any core elements. Explain _____

2. Proposed Core Element(s):

- | | |
|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. To read and listen in a critical and perceptive way; to speak in an organized, clear, and effective manner. <input type="checkbox"/> 2. To use information sources and information gathering techniques; to cite sources when producing written communications. <input type="checkbox"/> 3. To develop, organize, and express thoughts in writing using Standard English. <input type="checkbox"/> 4. To apply basic mathematics through the level of elementary algebra. <input type="checkbox"/> 5. To represent and solve problems using mathematical techniques. <input type="checkbox"/> 6. To interpret elementary descriptive statistics. <input type="checkbox"/> 7. To comprehend and use concepts and ideas. <input type="checkbox"/> 8. To develop, express, test, and evaluate ideas. <input type="checkbox"/> 9. To analyze problems, develop solutions, and evaluate results in a clear, logical, and consistent manner. <input type="checkbox"/> 10. To distinguish between fact and opinion; to recognize biases and fallacies in reasoning. <input type="checkbox"/> 11. To use computer systems to achieve professional, educational, and personal objectives. <input type="checkbox"/> 12. To apply the protocols of computer use and respect the legal and other rights of individuals or organizations. <input type="checkbox"/> 13. To be aware of the artistic experience in personal and cultural enrichment, growth, and communication. | <ul style="list-style-type: none"> <input type="checkbox"/> 14. To be aware of the nature and variety of the human experience through the methods and applications of the humanities <input type="checkbox"/> 15. To understand the basic principles of scientific inquiry. <input type="checkbox"/> 16. To have a knowledge of basic human biological principles, including those related to wellness. <input type="checkbox"/> 17. To understand the basic principles of the natural sciences, and their relationship to the environment. <input type="checkbox"/> 18. To understand the basic principles and applications of technology. <input type="checkbox"/> 19. To understand the principle of integrating technological elements into systems. <input type="checkbox"/> 20. To understand the relationship of technology to individuals, society, and the environment. <input type="checkbox"/> 21. To understand the methods and applications of the social sciences in exploring the dynamics of human behavior. <input type="checkbox"/> 22. To understand those principles and values, including individual rights and civic responsibilities, which maintain and enhance democracy and freedom in a pluralistic society. <input type="checkbox"/> 23. To have a working knowledge of the history, structure, and function of American social, political, and economic institutions. <input type="checkbox"/> 24. To be aware of the contemporary global community, especially its geographical, cultural, economic, and historical dimensions. |
|---|--|

3. Courses That Partially Satisfy A Core Element In Combination With Other Courses:

- If this course is part of a combination of courses that together meet a core element, mark this box. The courses must all be submitted and reviewed together for core element approval.

Other course(s) required _____

Dean's Comments:

Curriculum Committee's Comments:

Vice President's Comments:

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D. INSTRUCTIONAL OBJECTIVES AND CORE ELEMENTS SUPPORTED

Unit Objectives

Core Elements

Unit #1 Employability Skills

- # 1 The student will be able to demonstrate employability skills necessary to operate a full-service restaurant laboratory to the satisfaction of the instructor at least 77% of the time..
- # 2 The student will learn foodservice trends needed for marketing and managements role in marketing and sales.
- # 3

Unit #2 Marketing Plan Development

- # 1 The student will learn the marketing plan is the cornerstone of sales. Students will also learn the elements of a marketing plan and how to implement it in the hospitality industry.
- # 2 The students will learn why internet sales and telephone sales are the most economical methods being utilized today.
- # 3

Unit #3 Special Event Promotions

- # 1 Students will learn basic strategies and practices for sales, prospecting, presentation, closing and improving sales productivity.
- # 2
- # 3

Unit #4 Advertising

- # 1 The students will learn the components of advettising in the foodservice industry.
- # 2
- # 3

Unit #5 Public Relations

- # 1 The student will learn the issues related to public relations.
- # 2
- # 3

Unit #6 Environmental Concerns and Interior Design

- # 1 The student will be able to demonstrate the use of design components in environmental design as they relate to the hospitality industry.
- # 2
- # 3

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E. INSTRUCTIONAL METHODS AND EVALUATION**1. Instructional Methods:**

- | | |
|--|--|
| <input checked="" type="checkbox"/> Lecture/Discussion _____ | <input checked="" type="checkbox"/> Field Trips _____ |
| <input type="checkbox"/> Clinical Instruction _____ | <input checked="" type="checkbox"/> Team Assignments _____ |
| <input type="checkbox"/> Self-Paced Learning _____ | <input type="checkbox"/> Telecourse _____ |
| <input checked="" type="checkbox"/> Internet Instruction _____ | <input type="checkbox"/> Video Seminar _____ |
| <input type="checkbox"/> Computer Simulations _____ | <input type="checkbox"/> Laboratory Assignments _____ |
| <input type="checkbox"/> On-Site Work Experience _____ | <input type="checkbox"/> Interactive TV _____ |
| <input type="checkbox"/> Other _____ | |

2. Evaluation Criteria:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Attendance _____ | <input checked="" type="checkbox"/> Quizzes _____ |
| <input checked="" type="checkbox"/> Class Discussion _____ | <input checked="" type="checkbox"/> Tests _____ |
| <input checked="" type="checkbox"/> Papers _____ | <input type="checkbox"/> Midterm _____ |
| <input checked="" type="checkbox"/> Portfolio _____ | <input type="checkbox"/> Final Exam _____ |
| <input checked="" type="checkbox"/> Projects _____ | <input type="checkbox"/> Home Work _____ |
| <input type="checkbox"/> Reports _____ | <input checked="" type="checkbox"/> Presentations _____ |
| <input type="checkbox"/> Clinical/Work _____ | <input type="checkbox"/> Performances _____ |
| <input type="checkbox"/> Other <u>Full-service restaurant lab rotations.</u> | |

3. Attendance Requirements:**F. EQUIPMENT, FACILITIES, TEXTS, MATERIALS, AND SUPPLIES****1. Special Equipment/Facilities :**

- | | |
|---|--|
| <input type="checkbox"/> Lab equipment _____ | <input type="checkbox"/> Testing Center _____ |
| <input type="checkbox"/> LRC Reserves _____ | <input type="checkbox"/> Student Competitions _____ |
| <input type="checkbox"/> Computers _____ | <input type="checkbox"/> Off-Campus Sites _____ |
| <input type="checkbox"/> CD ROM _____ | <input type="checkbox"/> Student Tutors _____ |
| <input checked="" type="checkbox"/> Field Trips _____ | <input type="checkbox"/> Distance Learning Classroom _____ |
| <input checked="" type="checkbox"/> Other <u>Full-service restaurant lab.</u> | |

2. Texts:

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Title: Food Service Marketing Course Pack
 Author: Beauchamp Copyright Yr: 2000
 Publisher: WCC Est. Cost: \$25.00

Title: _____
 Author: _____ Copyright Yr: _____
 Publisher: _____ Est. Cost: _____

Title: _____
 Author: _____ Copyright Yr: _____
 Publisher: _____ Est. Cost: _____

Title: _____
 Author: _____ Copyright Yr: _____
 Publisher: _____ Est. Cost: _____

Title: _____
 Author: _____ Copyright Yr: _____
 Publisher: _____ Est. Cost: _____

Other Texts: _____

3. Supplies and/or Uniforms Student will have to Own or Acquire for Course:
 (e.g. calculators, uniforms, tools, and software, etc., excluding pen, pencil, paper, or textbooks.)

Descriptions	Cost Estimates
<u>Servers uniform - Kahki pants, white oxford shirt and long tie</u>	<u>\$50.00</u>
_____	_____
_____	_____

4. Reference Materials Students Will Use:
 (e.g. journals, books, manuals, maps, LRC reserves, etc.)

5. Audio/Visual and Computer Materials Students Will Use:
 (e.g. films, video tapes, slides, audio tapes, software, CDs, etc.)

Title	Source
<u>Marketing in the Hospitality Industry</u>	<u>WCC</u>
_____	_____
_____	_____
_____	_____
_____	_____

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COURSE-SYLLABUS APPROVAL FORM (CSAF)

For help screens, select a field and press F1

SECTION I. COURSE SUBMISSION INFORMATION

1. **Course:** (Enter proposed discipline, number & title here. If changing the number or title of an existing course, give old number or title in box 4 below.)
 Discipline/No: CUL 151 Title: Food Service Marketing

Division Code: BUS Department Code: CHMD Effective Term: Winter 2001 Do not publish in Time Schedule
 Do not publish in College Catalog

2. **Type of Approval:** (applies to both new courses and changes)
 Full Approval
 Conditional Approval
 This proposal previously received conditional approval for the Term: _____

3. **Reason for Submission:** This Course is being submitted for: (check all that apply)
 New Course Approval (Skip the rest of Section I and go directly to Section II.)
 Five-year Syllabus Review No changes to course
 Major Change(s)
 Minor Change(s) (If not due for review, submit sections I, II, and revised parts of Section III.)
 Reactivation of Inactive Course
 Inactivation (Submit Sections I and II only.)

4. **Change Information:** (Check all that apply. Make proposed changes in Section III, Course Syllabus.)

Minor Changes <input type="checkbox"/> Course Discipline/Number (was _____) <input type="checkbox"/> Course Title (was _____) <input type="checkbox"/> Course Description <input checked="" type="checkbox"/> Capacity (was: <u>16</u>) <input checked="" type="checkbox"/> Pre or Corequisites <input type="checkbox"/> Course Objectives <input type="checkbox"/> Distribution of Contact Hours (contact hours were: lect: _____ lab _____ clin _____ exp _____) <input type="checkbox"/> Distance Learning - minor (Attach Preliminary Approval Form for Distance Learning & the Section Handout.) <input type="checkbox"/> Other _____	Major Changes (Major changes will be reviewed by Curriculum Committee.) <input type="checkbox"/> Credit hours (credits were: _____) <input type="checkbox"/> Core Elements: (Elements to be added: _____) (Elements to be removed: _____) <input type="checkbox"/> Grading <input type="checkbox"/> Course Objectives affecting core elements <input type="checkbox"/> Total Contact Hours (total contact hours were: _____) <input type="checkbox"/> Honors (Attach Honors Section Approval Form.) <input type="checkbox"/> Distance Learning - major (Attach Preliminary Approval Form for Distance Learning & the Student Handout for the Distance Section.) <input type="checkbox"/> Other _____
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5. **Rationale for changes:**

SECTION II. COURSE REVIEW INFORMATION AND SIGNATURES

1. **Department Review** (To be completed by department chair; if recommendation is no, initial and return to preparer with rationale attached.)
 Will significant new resources be required? yes no (If yes, explain _____)
 Have departments that may be affected by this course been consulted? yes no (Explain _____)
 Does the department support approval of this course? yes no

Print: Don Garrett Signature _____ Date: _____
 Faculty/Preparer

Print: Don Garrett Signature Don L. Garrett / cd Date: 11-6-00
 Department Chair

2. **Division Review** (To be completed by division dean; if recommendation is no, initial and return with rationale attached.)
 Will significant new resources be required? yes no (If yes, have they been secured? yes no)
 Is this a curricular priority for your division? yes no (Comment _____)
 What is your estimate of projected enrollment? _____

Recommendation Yes No Priscilla Wilson
 Division Dean's Signature Date _____

3. **Curriculum Committee Review** (Attach additional comments if necessary.)
 Recommendation Yes No _____
 Curriculum Committee Chair's Signature Date _____

4. **Vice President for Instruction and Student Services Approval** (Attach additional comments if necessary.)
 Approval Yes No _____
 Vice President's Signature Date 11/14

Log File 11/16/00 ACS Code L26 DISTRIBUTED & FILED 11/16/00 Access Date 11/16/00 SW
 Core Elements Approved _____ New Syllabus Date _____

JAN 04 2001

MELISSA L. HASLER

