FITCHBURG STATE UNIVERSITY

School of GRADUATE, ONLINE AND CONTINUING EDUCATION

New Graduate Course Proposal Form

SGOCE Office Use Only
Academic Year: 2026-2027
SGOCE#: 7

Document Description

This document serves as the official collaborative template for faculty and departments to propose new graduate-level courses. This workflow replaces the previous Dynamic Forms process to ensure full compliance with ADA accessibility guidelines. By utilizing Google Docs, we provide a universally accessible, screen-reader-friendly environment where the Graduate Curriculum Committee and Department Chairs can collaboratively draft, edit, and review course details.

Instructions for Completing this form

1. **Rename this Google Doc** using this naming convention: New Graduate Course Proposal Form_[YourLastName]
2. **Complete the form** and be sure to **share a link to an accessible version of your syllabus** as required. (Note: Please ensure your syllabus sharing settings are set to “anyone with the link” to view.
3. **Share the completed form with Denise Bertrand** dbertra3@fitchburgstate.edu via the Share button, ensuring the 'Notify people' box is checked." Please click on the “Share” button not the drop down arrow and change the General Access to “anyone with the link”.

Course Identification

Program Name: (Masters of Business Administration)

Full Course Title: (Technology Delivery and Product Management)

Proposed Banner Abbreviation: (Tech Delivery and Product Mgmt)
(Banner limit of 30 characters, including punctuation, spaces, and special characters)

Discipline Prefix(es): (MGMT)

Level of Course: (9000) (ex. 7000, 8000, 9000)

Department & Committee Information

Requestor Name: (Coray Davis)
(The main contact person for the Graduate Curriculum Committee should fill out this form.)

Members of the Graduate Curriculum Committee:
(List members here) - Denise Simion, Beverley Hollingsworth, Glenn King Jr., Renee Scapparone, Patrick Malone, Marion Simion, Brian Webb

Department / Unit Developing:

Business Administration

Department Chair: (Type name here)

Program Chair: (Beverley Hollingsworth)

Is the Program Chair for this request among the people listed above? (Yes)

Graduate Program: (MBA)

Course Catalog Details

Number of Credits: (3)

Course Description: The course will provide a blend of theoretical knowledge and practical skills necessary for effective project and product management. Students will have a chance to apply these skills by completing projects that include design thinking.

Replacement for (Course # / Name): (Type course info here)

Prerequisite course(s): (Type prerequisites here)

Additional Requirements/Restrictions (Type requirements here)

Course Schedule Type: Lecture, Practicum, Capstone, Studio, etc. (Type requirements here)

Is this course repeatable? If yes, # of times: (Type requirements here)

Course Rationale and Additional Details

This course will be part of the new MBA concentration in Information Technology

Brief rationale if more than one prefix: (Type rationale here)

Brief rationale for level choice: (This is a concentration course in the MBA program. All concentration courses are 9000 level. This will be consistent with the other concentrations in the program.)

Course Objectives: (Type objectives here)

Rationale and Expected Outcomes: (Type rationale here)

Student Learning Outcomes: (Type learning outcomes here)

By the end of this course, students will be able to:

1. Analyze business needs, customer requirements, and market opportunities to develop technology product strategies aligned with organizational objectives.
2. Develop technology product roadmaps and delivery plans using appropriate product management and technology delivery methodologies.
3. Evaluate technology investments and product initiatives using financial analysis, resource considerations, and expected business value to support investment and prioritization decisions.
4. Apply product performance and technology delivery metrics to evaluate outcomes.
5. Assess technology solutions, risks, and dependencies in terms of feasibility, scalability, security, integration, and alignment with enterprise requirements.

Course Classification: (Requirement for students in the concentration and elective option for students in other concentrations)
(Note: if required, a Program Proposal must also be submitted)

Notes: (Type notes here)

Impact:

Is there a similar undergraduate course? (NA)

Does this course affect offerings in any other department/program? (No)

Enrollment & Scheduling

Expected Average Enrollment: (20-45 students)

Has the course been offered previously as a "Topics" course? (No

Is this an Extended Campus Course? (No)

First Semester Offered: (Summer B 2027)

Frequency of Offering: (One every three 7 week terms unless enrollment increases the need to offer every other term.)

Course Requirements

Laboratory Hours: (Type hours here)

Fieldwork Hours: (Type hours here)

Pre-Practicum Hours: (Type hours here)

Practicum Hours: (Type hours here)

Other: (Type details here)

Syllabus

New Course Syllabus: ***Link to Draft Syllabus***
(Insert a link to your syllabus Google Doc here. *Please be sure the syllabus is accessible or use the ADA Compliant Graduate Course Syllabus Template)*

Approvals & Signatures *By typing your name below, you are electronically signing this document.*

Requester:
Name: *Coray Davis* **Date:** *10/27/2029*

(Once signed, share the link with Denise Bertrand)

Department Chair:
Name:*Type your signature here* **Date:** *MM/DD/YYYY*

(Once signed, share the link with Denise Bertrand)

Academic Dean:
Name: *Mahmoud Al-Odeh* **Date: 10/29/2026**

(Once signed, share the link with Denise Bertrand)

SGOCE Dean:
Name: *Type your signature here* **Date:** *MM/DD/YYYY*

(Once signed, share the link with Denise Bertrand)

(Signature below indicates Graduate Council review and approval)

Graduate Council Chair:

Name: _____

Signature:_____ **Date:**_____
(Wet Signatures Required)

President:

Name: _____

Signature:_____ **Date:**_____
(Wet Signatures Required)

Notifications (Office Use Only)

SGOCE Dean Initials: _____
Date:_____**Reviewed by the Registrar:** _____
Date:_____