

Revised 7/23/07

PROPOSAL SUMMARY AND ROUTING FORM

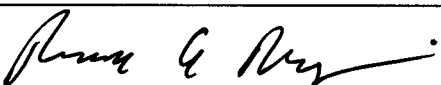

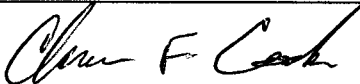

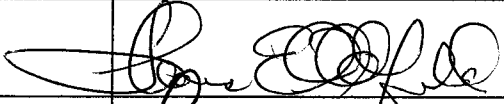

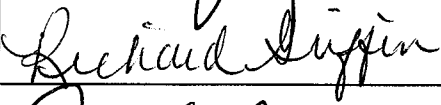

Proposal Title: Deletion of EEET and ECNS Courses

Initiating Unit or Individual: EEET/CNS Department, College of Technology

Contact Person's Name: Ronald Mehringer e-mail: mehrinr@ferris.edu phone: X3064

Date or Term of Proposal Implementation: 200808

- Group I - A – New degree/major or major, redirection of a current offering, or elimination of a degree, major or minor
- Group I - B – New minors or concentrations
- Group II - A – Minor curriculum clean-up and course changes
- Group II - B – New Course
- Group III - Certificates
- Group IV – Off-Campus Programs

Group/Individual	Signature	Date	Vote/Action *
Program Faculty		02/26/08	<input checked="" type="checkbox"/> Support (8-0-0) <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Faculty		02/26/08	<input checked="" type="checkbox"/> Support (8-0-0) <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Head / Chair		2/27/08	<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Curriculum Committee		3/4/08	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean		3/4/08	<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee		4/2/08	<input checked="" type="checkbox"/> Support 7-0 <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Senate		4/9/08	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Academic Affairs		4/10/08	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support

* Support with Concerns or Not Support must include a list of specific concerns. Votes must be shown for faculty groups. Administrators check appropriate action taken.

To be completed by Academic Affairs

President (Date Approved)

Board of Trustees (Date Approved)

President's Council (Date Approved)

1. Proposal Summary

(Summary is generally less than one page. Briefly: state what is proposed with a summary of rationale and highlights. Additional rationale may be attached.)

The EEET/CNS department has been evaluating the existing curriculum and course offerings for the IET, EET and CNS programs. During this evaluation process, it has been determined that EEET-121 (Electronics 1), EEET-125 (Electronics for CNS), EEET-312 (Electronic Design Automation), EEET-320 (Assembly Lang Program for ELEC), ECNS-312 (Control Networks) and ECNS-321 (Network Theory and Test) are no longer an active part of the curriculum. These courses have not been offered in recent years and will not be offered in the future. The material covered in these courses has been incorporated into other courses in the curriculum and these courses have become unnecessary. They are not currently part of any current check sheet in any program.

The courses ECNS-312 and ECNS-321 have been removed from the University course database but have not been removed from the online Ferris catalog.

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:

Prefix	Number	Title
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b. Courses to be Deleted From FSU Catalog:

Prefix	Number	Title
EEET	121	Electronics 1
EEET	125	Electronics for CNS
EEET	312	Electronic Design Automation
EEET	320	Assembly Lang Program for ELEC

c. Existing Course(s) to be Modified:

Prefix	Number	Title
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d. Addition of existing FSU courses to program

Prefix	Number	Title
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e. Removal of existing FSU courses from program

Prefix	Number	Title
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*Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.

PROGRAM, MAJOR, OR MINOR CHECK SHEET(S)

The courses proposed for deletion, EEET-121, EEET-125, EEET-312, EEET-320, ECNS-312 and ECNS-321 do not appear on any current check sheets and as a result, no changes are necessary on any program check sheets.

DELETE COURSE
Course Data Entry Form

FORM F

Delete Course
Rev. 7/23/07

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Year See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix

b. Number

c. Enter Contact Hours per week in boxes.

LECTure

LAB

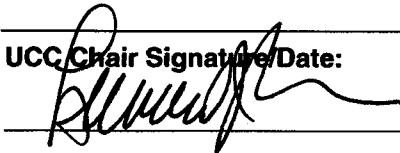
INDEpendent Study – Check (x)

Practicum:

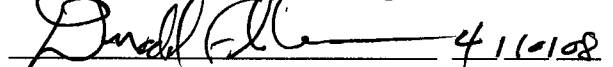
Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



Academic Affairs Approval Signature/Date:



Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __

DELETE COURSE
Course Data Entry Form

FORM F

Delete Course
Rev. 7/23/07

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b. Number

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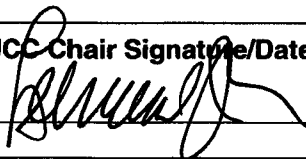
LECture LAB INDEpendent Study – Check (x)

Practicum:

Seminar:

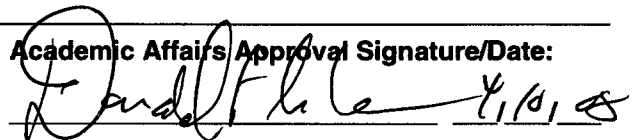
d. Full Course Title:

UCC Chair Signature/Date:



4/21/08

Academic Affairs Approval Signature/Date:



4/16/08

Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

DELETE COURSE
Course Data Entry Form

FORM F

Delete Course
Rev. 7/23/07

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Term Fall Year 2008 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix

EEET

b. Number

312

c. Enter Contact Hours per week in boxes.

LECture 2

LAB 3

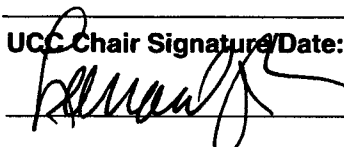
INDEpendent Study – Check (x)

Practicum:

Seminar:

d. Full Course Title: Electronics Design Automation

UCC Chair Signature/Date:



4/2/08

Academic Affairs Approval Signature/Date:



4/10/08

Office of the Registrar use ONLY

Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __

DELETE COURSE
Course Data Entry Form

FORM F

Delete Course
Rev. 7/23/07

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a. Course Prefix

b. Number

c. Enter Contact Hours per week in boxes.

LECture LAB INDEpendent Study – Check (x)

Practicum:

Seminar:

d. Full Course Title:

UCC Chair Signature/Date:



4/2/08

Academic Affairs Approval Signature/Date:



4/19/08

Office of the Registrar use ONLY

Date Rec'd: ___ Date Completed: ___ Entered: SCACRSE ___ SCADTL ___ SCARRES ___ SCAPREQ ___