

Revised 7/23/07

**PROPOSAL SUMMARY AND ROUTING FORM**

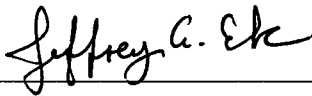

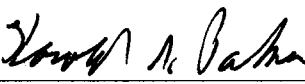




**Proposal Title:** Minor Course Clean-up – Graphic Design Program

**Initiating Unit or Individual:** Graphic Design/Marketing Department

**Contact Person's Name:** Jeff Ek/Kay Anderson e-mail: Andersok@ferris.edu phone: x2426

**Date or Term of Proposal Implementation:** Fall 2008

- 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		12/2007	<u>6</u> Support <u>0</u> Support with Concerns <u>0</u> Not Support
Department Faculty		1/15/2008	<u>18</u> Support <u>0</u> Support with Concerns <u>0</u> Not Support
Department Head		1/16/2008	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Curriculum Committee		1/29/08	<u>8</u> Support <u>0</u> Support with Concerns <u>0</u> Not Support
Dean		1/29/08	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee		2/13/08	<input checked="" type="checkbox"/> Support <u>7-0</u> <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Senate		2/13/08	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Academic Affairs		2/14/08	<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.)

**Changes in course names and descriptions so that they more closely reflect what the technology in the course is actually teaching. The course descriptions are merely changing language to use current terminology, such as "web" being changed to "interactive". The course content remains consistent. If a student took this course 2 years ago, and needed to repeat it now, this course would be a repeat of the same course material. This course would be a direct equivalent of the coursework they took then, merely using different "terminology" to keep current.**

**GRDE 226 is a prerequisite course for GRDE 228, GRDE 316 is a prerequisite course to GRDE 328.**

**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
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**c. Existing Course(s) to be Modified:**

Prefix	Number	Title
GRDE	226	Web Tools and Techniques
GRDE	228	Web Design Application
GRDE	316	Web Animation
GRDE	328	Advanced Web Design

**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.

**MODIFY COURSE**  
Course Data Entry Form

**FORM F**

**Modify Course**  
Rev. 07/23/07

**I. ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE**

Notes:

1. Complete all parts of Sections I and II; complete only those items in Section III that represent changes.
2. If either prefix or number is being changed, use 'Delete Course' and 'Create New Course' forms rather than this form.

a. List the changes to be made (See Proposed Changes a through p below):

b. Term Effective (6 digit code only):  Examples: 200801(Spring), 200805(Summer), 200808(Fall)

Note: The first four digits indicate year, the next two digits indicate month in which term begins.

**II. CURRENT:** Include 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. Course Title:

**III. PROPOSED CHANGES:** Complete only those boxes that represent proposed changes identified in Section I. Leave all other spaces blank.

a. Course Prefix  b. Number  c. Enter Contact Hours per week in boxes.  
LECTure  LAB  INDEpendent Study – Check (x)   
Practicum:  Seminar:

d. Course Title:  (Limit to 30 characters/spaces.)

e. College Code:  f. Department Code:

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type:  Variable  Fixed h. Maximum Credit Hours  i. Minimum Credit Hours

j. May Be Repeated for Added Credit: Check (x)  Yes  No

k. Levels: Check (x)  Undergraduate  Graduate  Professional

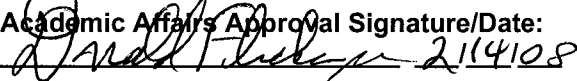
l. Grade Method: Check (x)  Normal Grading  Credit/No Credit only (Pass/Fail)

m. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

n. Term(s) Offered:  (See instructions for listing.) o. Max. Section Enrollment:

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces.

UCC Chair Signature/Date:  2/13/08

Academic Affairs Approval Signature/Date:  2/14/08

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code

Basic Skill (BS)  General Education (GE)  Occupational Education (OC)  G.E. Codes

**Office of the Registrar use ONLY**

Date Rec'd: \_\_\_ Date Completed: \_\_\_ Entered: SCACRSE \_\_\_ SCADETL \_\_\_ SCARRES \_\_\_ SCAPREQ \_\_\_

**MODIFY COURSE**  
Course Data Entry Form

**FORM F**

**Modify Course**  
Rev. 07/23/07

**I. ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE**

Notes:

- 3. Complete all parts of Sections I and II; complete only those items in Section III that represent changes.
- 4. If either prefix or number is being changed, use 'Delete Course' and 'Create New Course' forms rather than this form.

a. List the changes to be made (See Proposed Changes a through p below): Course name and description.

b. Term Effective (6 digit code only): 200901 Examples: 200801(Spring), 200805(Summer), 200808(Fall)  
Note: The first four digits indicate year, the next two digits indicate month in which term begins.

**II. CURRENT:** Include information that is in the current course database.

a. Course Prefix GRDE      b. Number 228      c. Enter Contact Hours per week in boxes.  
LECTure 3      LAB 0      INDEpendent Study – Check (x)   
Practicum:       Seminar:

d. Course Title: Web Design Application

**III. PROPOSED CHANGES:** Complete only those boxes that represent proposed changes identified in Section I. Leave all other spaces blank.

a. Course Prefix       b. Number       c. Enter Contact Hours per week in boxes.  
LECTure       LAB       INDEpendent Study – Check (x)   
Practicum:       Seminar:

d. Course Title: Interactive Media Development (Limit to 30 characters/spaces.)

e. College Code:       f. Department Code:

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type:  Variable     Fixed    h. Maximum Credit Hours     i. Minimum Credit Hours

j. May Be Repeated for Added Credit: Check (x)  Yes     No

k. Levels: Check (x)  Undergraduate     Graduate     Professional

l. Grade Method: Check (x)  Normal Grading     Credit/No Credit only (Pass/Fail)

**m. CATALOG DESCRIPTION** – Limit to 75 words – PLEASE BE CONCISE.

Course introduces the development and production of interactive content using current industry standards and technology. Students will design, produce, and test interactive content using the appropriate technology and a best practice approach. Interactive design process will be stressed.

n. Term(s) Offered:  (See instructions for listing.)    o. Max. Section Enrollment:

**p. Prerequisites/Co-requisites/Restrictions:** Limited to 100 spaces.

UCC Chair Signature/Date: [Signature] 2/13/08

Academic Affairs Approval Signature/Date: [Signature] 2/14/08

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**MODIFY COURSE**  
Course Data Entry Form

**FORM F**

**Modify Course**  
Rev. 07/23/07

**I. ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE**

Notes:

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- 6. If either prefix or number is being changed, use 'Delete Course' and 'Create New Course' forms rather than this form.

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b. Term Effective (6 digit code only):  Examples: 200801(Spring), 200805(Summer), 200808(Fall)  
Note: The first four digits indicate year, the next two digits indicate month in which term begins.

**II. CURRENT:** Include 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. Course Title:

**III. PROPOSED CHANGES:** Complete only those boxes that represent proposed changes identified in Section I. Leave all other spaces blank.

a. Course Prefix       b. Number       c. Enter Contact Hours per week in boxes.  
LECTure       LAB       INDEpendent Study – Check (x)   
Practicum:       Seminar:

d. Course Title:  (Limit to 30 characters/spaces.)

e. College Code:       f. Department Code:

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type:  Variable     Fixed    h. Maximum Credit Hours       i. Minimum Credit Hours

j. May Be Repeated for Added Credit: Check (x)  Yes     No

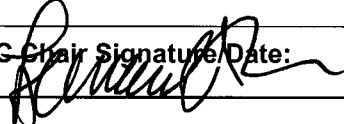
k. Levels: Check (x)  Undergraduate     Graduate     Professional

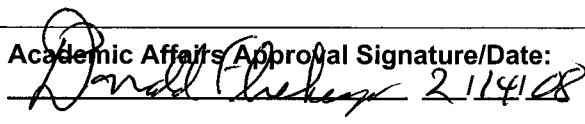
l. Grade Method: Check (x)  Normal Grading     Credit/No Credit only (Pass/Fail)

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p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces.

UCG Chair Signature/Date:  2/13/08

Academic Affairs Approval Signature/Date:  2/14/08

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Rev. 07/23/07

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LECTure  LAB  INDEpendent Study – Check (x)   
Practicum:  Seminar:

d. Course Title:

**III. PROPOSED CHANGES:** Complete only those boxes that represent proposed changes identified in Section I. Leave all other spaces blank.

a. Course Prefix  b. Number  c. Enter Contact Hours per week in boxes.  
LECTure  LAB  INDEpendent Study – Check (x)   
Practicum:  Seminar:

d. Course Title:  (Limit to 30 characters/spaces.)

e. College Code:  f. Department Code:

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type:  Variable  Fixed h. Maximum Credit Hours  i. Minimum Credit Hours

j. May Be Repeated for Added Credit: Check (x)  Yes  No

k. Levels: Check (x)  Undergraduate  Graduate  Professional

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Leonard Johnson/FSU

02/07/2008 11:53 AM

To Jeffrey A Ek/FSU@FERRIS, Kay Anderson/FSU@FERRIS

Sandra L Alspach/FSU@FERRIS, Chuck

cc Drake/FSU@Ferris, Leonard Johnson/FSU@Ferris, Roy  
McLean/FSU@FERRIS, Andrew L Purvis/FSU@FERRIS,

bcc

Subject Graphic Design Program clean-up

Jeff/Kay

The UCC met yesterday and discussed your proposal to make modifications to four GRDE courses. When comparing the proposed descriptions with the current descriptions, the changes appear to be so substantial that perhaps the best route to go on this would be to delete the current courses and create new ones. Please contact Jo Gerst in the records office at 2794 to discuss your proposed changes, along with the implications of the changes for Fall enrollment.

Thanks.

Leonard

Leonard R. Johnson, Ph.D  
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Big Rapids, Michigan 49307  
(231) 591-2134  
<http://www.ferris.edu/education/education>