

Revised 7/23/07

PROPOSAL SUMMARY AND ROUTING FORM

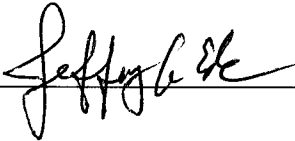

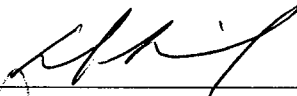

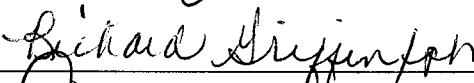
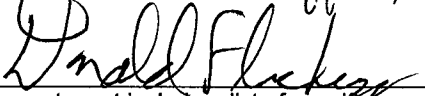
Proposal Title: Move up start date for GRDE course name changes

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		3/7/08	<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Faculty			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Head	A	3/6/2008	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Curriculum Committee			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean		3/1/08	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee		3/19/08	<input checked="" type="checkbox"/> Support 8-0 <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Senate		3/19/08	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Academic Affairs		3/24/08	<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)

REC'D MAR 12 2008

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 were approved with start dates of 200908 (GRDE 316) and 201001 (GRDE 328) start dates. Request to move start dates of new information to become effective this fall and next spring for these two courses - rather than wait until those semesters.

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:
Prefix Number Title

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

c. Existing Course(s) to be Modified:
Prefix Number Title
GRDE 316 Web Animation
GRDE 328 Advanced Web Design

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

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

*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:

- 5. Complete all parts of Sections I and II; complete only those items in Section III that represent changes.
- 6. 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:  3/19/08

Academic Affairs Approval Signature/Date:  - 3/24/08

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:

- 7. Complete all parts of Sections I and II; complete only those items in Section III that represent changes.
- 8. 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): Name change and course 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 328 c. Enter Contact Hours per week in boxes.
LECTure 2 LAB 2 INDEpendent Study – Check (x)
Practicum: Seminar:

d. Course Title: Advanced Web Design

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 Design Studio (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 examines dynamic media and the demands of graphic designers' analytical, visual and technical skills. Through an emphasis on process and collaboration, the class will practice the processes of an interactive design studio as they execute projects.

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] 3/19/08

Academic Affairs Approval Signature/Date: [Signature] 3/19/08

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 __