

PROPOSAL SUMMARY AND ROUTING FORM

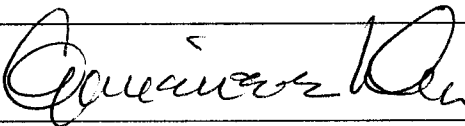
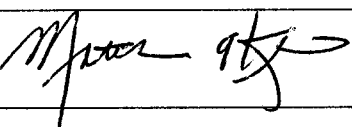

Proposal Title: Independent Studies in French

Initiating Unit or Individual: Genevieve West, Department of Languages and Literature

Contact Person's Name: Genevieve West e-mail: westg@ferris.edu phone: x3988

Date or Semester of Proposal Implementation: Fall 2007

- Group I - A – New degree/major or major, or redirection of a current offering
- 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 or Academic Unit Faculty			<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		8/29/07	<input 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		9/6/07	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Senate			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Academic Affairs		9/12/07	<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 concerns.

**Vote counts are to be shown for faculty group actions. "X" for administrative actions.

To be completed by Academic Affairs

President (Date Approved)	Board of Trustees (Date Approved)	President's Council (Date Approved)
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FORM A CONT.

1. Proposal Summary

This will create independent studies courses in French at all levels of the curriculum.

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:

Prefix	Number	Title
FREN	197	Special Studies in French
FREN	397	Special Studies in French

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
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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.

MODIFY COURSE

Course Date Entry Form

FORM F
Modify Course
rev. 2/14/05

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 are being changed, use 'Delete Course' and 'New Course' forms rather than this form.

a. List the changes to be made: This will create independent an studies course in French at the 100-level.

b. Term Effective: Semester fall Year 07 See instructions.

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

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes or check Independent Study (X).
LECTure hr/week LAB hr/week INDeendent Study
Practicum: hr/week Seminar: hr/week

d. Full Course Title:

III. PROPOSED CHANGES: Complete only those boxes that represent proposed changes in the course. Leave all other spaces blank.

a. Course Prefix FREN b. Number 197 c. Enter Contact Hours per week in boxes or check Independent Study (X).
LECTure hr/week LAB hr/week INDeendent Study
Practicum: hr/semester Seminar: hr/week

d. Full Course Title: Special Studies in French

e. Abbreviated Course Title: Special Studies --FREN. (Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)

f. Semester(s) Offered: F/S (See instructions for listing.) g. Max. Section Enrollment: 6

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

h. Type: Variable Fixed i. Maximum Credit Hours 4 j. Minimum Credit Hours 1

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

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

n. Levels: Check (x) Undergraduate Graduate Professional

o. CATALOG DESCRIPTION - Limit to 75 words - PLEASE BE CONCISE.

Special Studies in French 100-level.

p. Prerequisites: (if no prerequisites, write "None") Limited to 60 spaces. Permission of the instructor.

UCC Chair Signature/Date: _____

Academic Affairs Approval Signature/Date:

Donald Fluh 9/2/07

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 Received: _____ Date Completed: _____ Entered: SIS [125 ___ 1D4 ___ 12R ___ 131 ___]

MODIFY COURSE

FORM F
Modify Course
rev. 2/14/05

Course Date Entry Form

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 are being changed, use 'Delete Course' and 'New Course' forms rather than this form.

a. List the changes to be made: This will create independent an studies course in French at the 300-level.

b. Term Effective: Semester fall Year 07 See instructions.

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

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes or check Independent Study (X).
 LECTure hr/week LAB hr/week INDEpendent Study
 Practicum: hr/week Seminar: hr/week

d. Full Course Title:

III. PROPOSED CHANGES: Complete only those boxes that represent proposed changes in the course. Leave all other spaces blank.

a. Course Prefix FREN b. Number 397 c. Enter Contact Hours per week in boxes or check Independent Study (X).
 LECTure hr/week LAB hr/week INDEpendent Study
 Practicum: hr/semester Seminar: hr/week

d. Full Course Title: Special Studies in French

e. Abbreviated Course Title: Special Studies--FREN. (Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)

f. Semester(s) Offered: F/S (See instructions for listing.) g. Max. Section Enrollment: 6

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

h. Type: Variable Fixed i. Maximum Credit Hours 4 j. Minimum Credit Hours 1

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

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

n. Levels: Check (x) Undergraduate Graduate Professional

o. CATALOG DESCRIPTION - Limit to 75 words - PLEASE BE CONCISE.

Special Studies in French 300-level.

p. Prerequisites: (if no prerequisites, write "None") Limited to 60 spaces. Permission of the instructor.

UCC Chair Signature/Date:

_____ 1 1

Academic Affairs Approval Signature/Date:

Donald F. [Signature] 9/21/07

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 Received: _____ Date Completed: _____ Entered: SIS [125 ___ 1D4 ___ 12R ___ 131 ___]