

**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title:** Special Topics in Rubber

**Initiating Unit or Individual:** Plastics and Rubber Department

**Contact Person's Name:** Matt Yang e-mail: yangm@ferris.edu phone: 5263

**Date or Semester of Proposal Implementation:** F07

- 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 Faculty	<i>Matt Yang</i>	8/28/07	<input checked="" 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 checked="" type="checkbox"/> Not Support
Department Head / Chair	<i>Greg</i>	8/30/07	<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 checked="" type="checkbox"/> Not Support
Dean	<i>Lon McKean</i>	9/4/07	<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 checked="" type="checkbox"/> Not Support
Senate			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input checked="" type="checkbox"/> Not Support
Academic Affairs	<i>Donald Ellis</i>	9/11/07	<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input checked="" type="checkbox"/> Not Support

\* Support with Concerns or Not Support must include a list of concerns.

**To be completed by Academic Affairs**

\_\_\_\_\_  
 President (Date Approved)      Board of Trustees (Date Approved)      President's Council (Date Approved)

**1. Proposal Summary**

This course is developed to allow student an opportunity to pursue unique areas of interest not covered by the current curriculum. Student will be able, but not limited, to perform literature searches, laboratory research or observe and assess special manufacturing technologies. Findings will be presented at a formal technical meeting.

**2. Summary of All Course Action Required\***

**a. Newly Created Courses to FSU:**

Prefix	Number	Title
RUBR	397	Special Topics in Rubber

**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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# CREATE A NEW COURSE

## Course Date Entry Form

FORM F  
Create Course  
rev. 9/23/02

### I. ACTION TO BE TAKEN: CREATE A NEW COURSE

Note: If this course is to be used as a prerequisite for other university courses, Form Fs that reflect the prerequisite change must be submitted for those courses as well.

Term Effective: Semester  Year  07 See instructions.

### II. PROPOSED FOR NEW COURSE: Complete all sections of this part through Prerequisites. See instructions in manual for further clarification.

Course Prefix  Number  Enter Contact Hours per week in boxes.  
 RUBR  397 LECTure  LAB  INDEPENDent Study – Check (x)   
Practicum:  Seminar:

Full Course Title:  Special topics in Rubber

Abbreviated Course Title:  Spec Tops Rub.

(Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)

Semester(s) Offered:  (See instructions for listing.) Max. Section Enrollment :  15

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

Type:  Variable  Fixed Maximum Credit Hours  3 Minimum Credit Hours  1

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

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

Levels: Check (x)  Undergraduate  Graduate  Professional

Does proposed new course replace an equivalent course? Check (x)  Yes  No

Equivalent course: Prefix  Number  See instructions on Replacement courses.

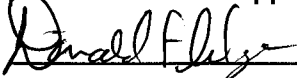
CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

Prerequisites: (if no prerequisites, write "None") Limited to 60 spaces. .

UCC Chair Signature/Date:

\_\_\_\_\_ / /

Academic Affairs Approval Signature/Date:

 \_\_\_\_\_ 9/11/07

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 \_\_]

\*Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.