

Revised 7/23/07

**PROPOSAL SUMMARY AND ROUTING FORM**



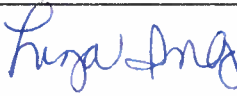


**Proposal Title: Add 97 Courses to the Education Physical Education Program**

**Initiating Unit or Individual: School of Education**

**Contact Person's Name: Dr. Liza Ing e-mail: ingl@ferris.edu phone: 5362**

**Date or Term of Proposal Implementation: Spring 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		10/21/08	<u>5</u> Support ____ Support with Concerns <u>0</u> Not Support
Department Faculty		10/21/2008	<u>15</u> Support ____ Support with Concerns <u>0</u> Not Support
Department Head	Dr. Liza Ing 	10/21/08	<input checked="" type="checkbox"/> Support ____ Support with Concerns ____ Not Support
College Curriculum Committee	n/a		____ Support ____ Support with Concerns ____ Not Support
Dean	 Dr. Michelle Johnston	10/23/08	<input checked="" type="checkbox"/> Support ____ Support with Concerns ____ Not Support
University Curriculum Committee	n/a		____ Support ____ Support with Concerns ____ Not Support
Senate	n/a		____ Support ____ Support with Concerns ____ Not Support
Academic Affairs		10/23/08	<input checked="" type="checkbox"/> Support ____ Support with Concerns ____ 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.

<b>To be completed by Academic Affairs</b>		
_____ President (Date Approved)	_____ Board of Trustees (Date Approved)	_____ President's Council (Date Approved)

REC'D OCT 27 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.)

**The Education Physical Education program needs to add 300 and 400 level Independent Study courses to the program to accommodate the needs of our students and to add flexibility to the program. By adding these courses, both students and faculty in the Education Physical Education program can work together to design individual program plans that can expedite successful degree completion.**

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

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

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
EDPE	397	Special Studies in Physical Education
EDPE	497	Special Studies in Physical Education

**b. Courses to be Deleted From FSU Catalog:**

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
---------------	---------------	--------------

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

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
---------------	---------------	--------------

**d. Addition of existing FSU courses to program**

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
---------------	---------------	--------------

**e. Removal of existing FSU courses from program**

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
---------------	---------------	--------------

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

# CREATE A NEW COURSE

FORM F  
Create Course  
rev. 2/14/05

## Course Date Entry Form

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

Notes

1. Complete each item in section I and section II.
2. : 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: a. Semester  Fall    b. Year  2008    See instructions.

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

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

d. Full Course Title: **Special Studies in Physical Education**

e. Abbreviated Course Title: **Special Studies in Phys Ed.** (Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)

f. Semester(s) Offered: **WSF** (See instructions for listing.)    g. Max. Section Enrollment : **5**

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

h. Type:  Variable     Fixed    i. Maximum Credit Hours **3**    j. Minimum Credit Hours

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

p. Equivalent course: Prefix     Number     See instructions on Replacement courses.

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

**Special studies in Physical Education.**

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

UCC Chair Signature/Date: \_\_\_\_\_ / /

Academic Affairs Approval Signature/Date: \_\_\_\_\_ 10/29/08

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 Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Entered: SIS [125 \_\_\_ 1D4 \_\_\_ 12R \_\_\_, 131 \_\_\_]

# CREATE A NEW COURSE

FORM F  
Create Course  
rev. 2/14/05

## Course Date Entry Form

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

Notes

1. Complete each item in section I and section II.
2. : 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: a. Semester  Fall b. Year  2008 See instructions.

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

a. Course Prefix  EDPE b. Number  497 c. Enter Contact Hours 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 Physical Education

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

f. Semester(s) Offered:  WSF (See instructions for listing.) g. Max. Section Enrollment :  5

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

h. Type:  Variable  Fixed i. Maximum Credit Hours  3 j. Minimum Credit Hours

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

p. Equivalent course: Prefix  Number  See instructions on Replacement courses.

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

Special studies in Physical Education.

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

UCC Chair Signature/Date: \_\_\_\_\_ / /

Academic Affairs Approval Signature/Date: \_\_\_\_\_ / /

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 \_\_\_]