

Revised 7/23/07

**PROPOSAL SUMMARY AND ROUTING FORM**

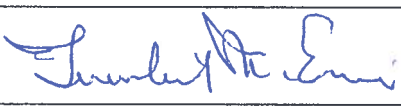


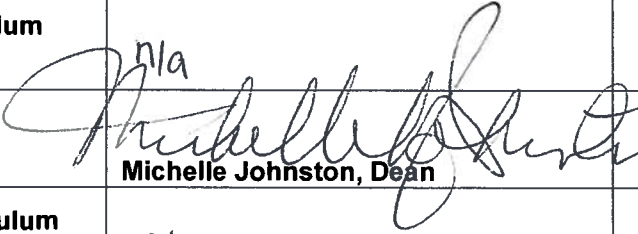
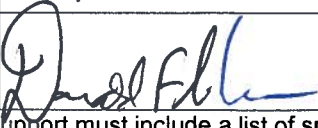
**Proposal Title: Add 97 Courses to the CTE Program**

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

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

**Date or Term of Proposal Implementation: 200805**

- 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		9-16-08	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Faculty		10/21/2008	15 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Head	 Liza Ing, Director	10/21/08	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Curriculum Committee	n/a		<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean	 Michelle Johnston, Dean	10/23/08	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee	n/a		<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Senate	n/a		<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Academic Affairs		10/29/08	<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.

<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**

Currently, the CTE program does not have 400, 500 and 600 level Independent Study courses in place. The program needs to add 400, 500 and 600 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 CTE 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>
ECTE	497	Special Studies in CTE
ECTE	597	Special Studies in CTE
ECTE	697	Special Studies in CTE

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

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
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**c. Existing Course(s) to be Modified:**

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
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**d. Addition of existing FSU courses to program**

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
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**e. Removal of existing FSU courses from program**

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
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\*Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.

**CREATE NEW COURSE**  
Course Data Entry Form

**FORM F**

**Create New Course**  
Rev. 07/23/07

**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 (6 digit code only): 200805 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. PROPOSED FOR NEW COURSE: Complete all sections a through r.** See manual for clarification.

a. Course Prefix

ECTE

b. Number

497

c. Enter Contact Hours per week in boxes.

LECTure  LAB  INDEpendent Study – Check (x)

Practicum:  Seminar:

d. Course Title: Special Studies in CTE (Limit to 30 characters/spaces.)

e. College Code: ED

f. Department Code: SCED

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

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

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

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

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

Special Studies in CTE

p. Term(s) Offered: Fall, Spring, Summer (See instructions for listing.) q. Max. Section Enrollment: 10

r. Prerequisites/Co-requisites/Restrictions: (If none, leave blank.) Limited to 100 spaces. NONE

UCC Chair Signature/Date:

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

Academic Affairs Approval Signature/Date:

 \_\_\_\_\_ 10 22 10

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 \_\_

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**Course Data Entry Form**

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**Rev. 07/23/07**

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a. Course Prefix

ECTE

b. Number

597

c. Enter Contact Hours per week in boxes.

LECTure  LAB  INDEPENDENT Study – Check (x)

Practicum:  Seminar:

d. Course Title: Special Studies in CTE

(Limit to 30 characters/spaces.)

e. College Code: ED

f. Department Code: SCED

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

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

Academic Affairs Approval Signature/Date:

David Fletcher 10/22/08

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b. Number

697

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Practicum:  Seminar:

d. Course Title: Special Studies in CTE

(Limit to 30 characters/spaces.)

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f. Department Code: SCED

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

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

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r. Prerequisites/Co-requisites/Restrictions: (If none, leave blank.) Limited to 100 spaces. NONE.

UCC Chair Signature/Date:

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

Academic Affairs Approval Signature/Date:

David Fisher 10/29/08

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