

Revised 7/23/07

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Change Prerequisites in History Courses: 211, 212, 250, 251, 253, 255, 257, 258, 259

Initiating Unit or Individual: Department of Humanities

Contact Person's Name: Jana Pisani e-mail: pisanij@ferris.edu phone: 3699

Date or Term of Proposal Implementation: Fall 2009

- 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 or Academic Unit Faculty		1/15/09	<u>4</u> Support <u>0</u> Support with Concerns <u>0</u> Not Support
Department Faculty			<u> </u> Support <u> </u> Support with Concerns <u> </u> Not Support
Department Head		1/15/09	<u>X</u> Support <u> </u> Support with Concerns <u> </u> Not Support
College Curriculum Committee		1/14/09	<u>5</u> Support <u> </u> Support with Concerns <u>0</u> Not Support
Dean		1-22-09	<input checked="" type="checkbox"/> Support <u> </u> Support with Concerns <u> </u> Not Support
University Curriculum Committee		2/3/09	<input checked="" type="checkbox"/> Support <u>7-0</u> <u> </u> Support with Concerns <u> </u> Not Support
Senate		2/3/09	<input checked="" type="checkbox"/> Support <u> </u> Support with Concerns <u> </u> Not Support
Academic Affairs		2/6/09	<input checked="" type="checkbox"/> Support <u> </u> Support with Concerns <u> </u> 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 FEB 04 2009

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 proposal is to lower the English prerequisite from ENGL 250 to ENGL 150. We decided that since these History courses are at the sophomore level, they only need a freshman level English requirement.

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
HIST	211	World Civilizations to 1400
HIST	212	World Civilizations Since 1400
HIST	250	The Craft of History
HIST	251	Racism and Science
HIST	253	Imperialism in the Modern World
HIST	255	The Impact of 1492
HIST	257	Terrorism in the Modern World
HIST	258	Greece and Rome
HIST	259	Women in Activism Global Perspective

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:

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 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): See letter P below

b. Term Effective (6 digit code only): 200908 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 HIST b. Number 211 c. Enter Contact Hours per week in boxes.
LECTure 3 LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Course Title: World Civilizations to 1400

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. ENGL 150

UCC Chair Signature/Date:

[Signature] 2/3/09

Academic Affairs Approval Signature/Date:

[Signature] 2/16/09

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:

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 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

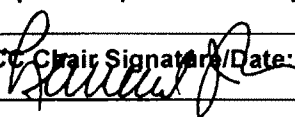
l. Grade Method: Check (x) Normal Grading Credit/No Credit only (Pass/Fail)

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

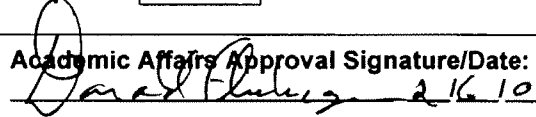
n. Term(s) Offered: (See instructions for listing.) o. Max. Section Enrollment:

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces.

UCT Chair Signature/Date:

 2/3/09

Academic Affairs Approval Signature/Date:

 2/16/09

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:

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 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): See letter P below

b. Term Effective (6 digit code only): 200908 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 HIST b. Number 250 c. Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Course Title: The Craft of History

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

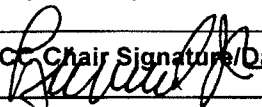
l. Grade Method: Check (x) Normal Grading Credit/No Credit only (Pass/Fail)

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

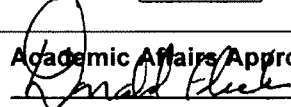
n. Term(s) Offered: (See instructions for listing.) o. Max. Section Enrollment:

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces. ENGL 150

UC Chair Signature/Date:

 2/13/09

Academic Affairs Approval Signature/Date:

 2/16/09

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:

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 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

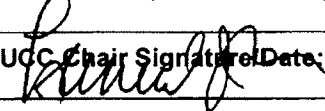
l. Grade Method: Check (x) Normal Grading Credit/No Credit only (Pass/Fail)

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

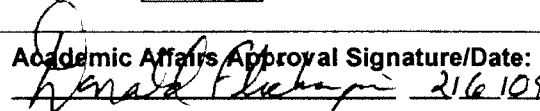
n. Term(s) Offered: (See instructions for listing.) o. Max. Section Enrollment:

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces.

UCC Chair Signature/Date:

 2/3/09

Academic Affairs Approval Signature/Date:

 2/6/09

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:

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 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.)

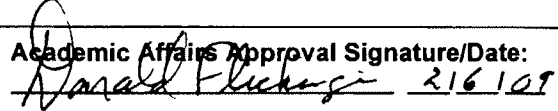
o. Max. Section Enrollment:

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces.

UCC Chair Signature/Date:



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 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:

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 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): See letter P below

b. Term Effective (6 digit code only): 200908 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 HIST b. Number 255 c. Enter Contact Hours per week in boxes.
LECTure 3 LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Course Title: Impact of 1492

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. ENGL 150

UCC Chair Signature/Date:

 2/3/09

Academic Affairs Approval Signature/Date:

 2/6/09

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:

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 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): See letter P below

b. Term Effective (6 digit code only): 200908 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 HIST b. Number 257 c. Enter Contact Hours per week in boxes.
LECTure 3 LAB INDependent Study – Check (x)
Practicum: Seminar:

d. Course Title: Terrorism in the Modern World

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. ENGL 150

UCC Chair Signature/Date:

[Signature] 2/3/09

Academic Affairs Approval Signature/Date:

[Signature] 2/6/09

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:

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 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): See letter P below

b. Term Effective (6 digit code only): 200908 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 HIST b. Number 258 c. Enter Contact Hours per week in boxes.
LECTure 3 LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Course Title: Greece & Rome

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

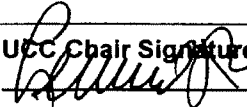
l. Grade Method: Check (x) Normal Grading Credit/No Credit only (Pass/Fail)

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. ENGL 150

UCC Chair Signature/Date:

 213107

Academic Affairs Approval Signature/Date:

 216109

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:

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 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.

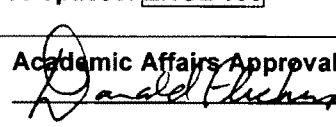
n. Term(s) Offered: (See instructions for listing.) o. Max. Section Enrollment:

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces.

UCC Chair Signature/Date:



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 Rec'd: _____ Date Completed: _____ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___

CURRICULUM CONSULTATION FORM

To be completed by each department affected by the proposed change, new degree, new program, new minor, or new course. Potential duplication of coursework is reason for consultation.

1. This completed form must be forwarded with the proposal to the chair/head of the department to be consulted.
2. The department must respond within 20 calendar days of receipt of this form to insure inclusion in the final proposal. The completed form is returned to the initiator and inserted into the proposal.

Failure to respond is interpreted as support for the proposal.

3. The Proposing Department must address any concerns raised by the department. This response will be in writing and be included in the proposal following the consultation form.

RE: Proposal Title: Change Prerequisites in History Courses: 211, 212, 250, 251, 253, 255, 257, 258, 259

Initiator(s): History Program

Proposal Contact: Jana Pisani **Date Sent:** September 5, 2008

Department: Humanities **Campus Address:** JOH 117
(Please print)

Responding Department: Languages and Literature

Chair/Head/Coordinator: Genevieve West **Date Returned:** _____

Based upon department faculty review on _____ (date), we

- Support the above proposal.
- Support the above proposal with the modifications and concerns listed below.
- Do not support the proposal for the reasons listed below.

Comment regarding the impact this proposal has on scheduling, room assignments, faculty load, and prerequisites for your department. Use additional pages, if necessary.