

**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title:** Course Clean-up: NURS 720 Scholarly Project

**Initiating Unit or Individual:** School of Nursing - MSN Program

**Contact Person's Name:** Julie Coon e-mail: coonj@ferris.edu phone: 2267

**Date or Semester of Proposal Implementation:** Fall 2008

- 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			<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	<i>Julie A. Coon</i>	6/24/08	<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 type="checkbox"/> Not Support
College Faculty			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean	<i>Mark Haveline</i>	6/24/08	<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	<i>Donald Blakely</i>	6/30/08	<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 concerns.

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

REC'D JUN 30 2008

## FORM A CONT.

### 1. Proposal Summary

Change the credit allocation from variable to fixed. Original Form F reflected the wrong check box in regard to credit allocation. This is a request to rectify that error.

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

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

Prefix	Number	Title
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#### b. Courses to be Deleted From FSU Catalog:

Prefix	Number	Title
NURS	201	Health Promotion & High Level Wellness

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

Prefix	Number	Title
NURS	720	Scholarly Project

#### 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. 9/23/02

### I. ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE

Notes:

1. If this course is a prerequisite for other university courses, Form Fs for those courses must also be submitted.
2. If either prefix or number are being changed, use 'Delete Course' and 'New Course' forms rather than this form.

List the changes to be made:

Term Effective: Semester  Year  See instructions.

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

Course Prefix

Number

Enter Contact Hours per week in boxes.

LECTure

LAB

INDEPENDent Study – Check (x)

Practicum:

Seminar:

Full Course Title:

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

Course Prefix

Number

Enter Contact Hours per week in boxes.

LECTure

LAB

INDEPENDent Study – Check (x)

Practicum:

Seminar:

Full Course Title:

Abbreviated Course Title:

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

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

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

Type:  Variable  Fixed Maximum Credit Hours  Minimum Credit Hours

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

**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: \_\_\_\_\_

 6/24/08

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 \_\_]