

Revised 7/23/07

PROPOSAL SUMMARY AND ROUTING FORM

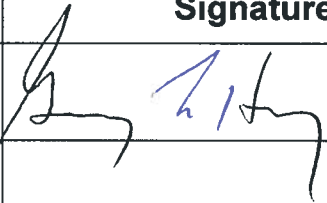


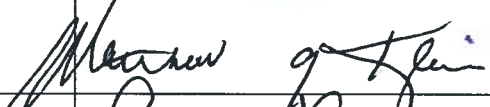

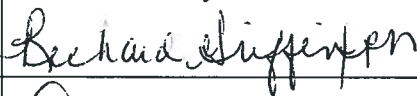

Proposal Title: Change Prerequisites in History Courses: 201, 230, and 280

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	<input checked="" type="checkbox"/> 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 add a prerequisite of ENGL 150. The courses currently have no English prerequisite, and since there is a significant writing requirement in these courses, we decided the ENGL 150 prerequisite would benefit students taking the courses.

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
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c. Existing Course(s) to be Modified:

Prefix	Number	Title
HIST	201	African-American History
HIST	230	Michigan History
HIST	280	History of Medical-Health Care

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 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 201 c. Enter Contact Hours per week in boxes.
LECTure 3 LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Course Title: African American 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.

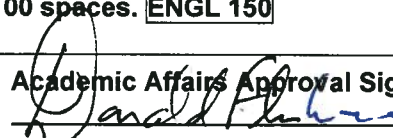
n. Term(s) Offered: (See instructions for listing.) o. Max. Section Enrollment:

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

UCS 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

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

a. Course Prefix HIST b. Number 230 c. Enter Contact Hours per week in boxes.
LECTure 3 LAB INDEPENDENT Study – Check (x)
Practicum: Seminar:

d. Course Title: Michigan 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

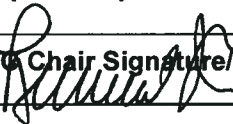
l. Grade Method: Check (x) Normal Grading Credit/No Credit only (Pass/Fail)

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

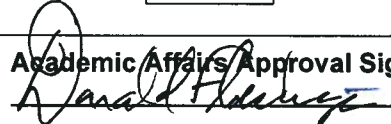
n. Term(s) Offered: (See instructions for listing.) o. Max. Section Enrollment:

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

UCO 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

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Rev. 07/23/07

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

a. Course Prefix HIST b. Number 280 c. Enter Contact Hours per week in boxes.
LECTure 3 LAB INDEpendent Study – Check (x)
Practicum: Seminar:

d. Course Title: American Business 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

UCO 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 __

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: 201, 230, and 280

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.