

Revised 7/23/07

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Wellness for Employees

Initiating Unit or Individual: COEHS

Contact Person's Name: Denise Mitten e-mail: mittend@ferris.edu phone: 5317

Date or Term of Proposal Implementation: 200808

- 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	<i>Denise Mitten</i>		<u>3</u> Support ___ Support with Concerns ___ Not Support
Department Faculty	<i>J. Harty B...</i>	5/29/08	<u>3</u> Support ___ Support with Concerns ___ Not Support
Department Head	<i>Michelle A. Johnston</i>	5/4/08	<input checked="" type="checkbox"/> Support ___ Support with Concerns ___ Not Support
College Curriculum Committee	n/a		___ Support ___ Support with Concerns ___ Not Support
Dean	<i>Michelle Johnston</i>	6/4/08	<input checked="" type="checkbox"/> Support ___ Support with Concerns ___ Not Support
University Curriculum Committee	n/a		___ Support ___ Support with Concerns ___ Not Support
Senate			___ Support ___ Support with Concerns ___ Not Support
Academic Affairs	<i>Donald Fl...</i>	6/30/08	<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.

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

**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.)

**Employee wellness is a priority at Ferris. To that end an experimental course has been designed to help employees start and maintain a personal fitness program. During this course participants assess their current level of fitness, learn about life-long fitness options, and develop a personalized fitness plan. This class will help employees get started or maintain a health conscious attitude and behaviors. Participants will learn how to use fitness machines, the weight room, try rock climbing and other potential life-long activities. This class would help in creating a campus culture of wellness at Ferris.**

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

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

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
<b>RMLS</b>	<b>290</b>	<b>Wellness for Employees</b>

**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.

**NEW COURSE INFORMATION FORM***See Sample – Limit to Two Pages Please***Course Identification:**

Prefix:	Number	Title
RMLS	290	Wellness for Employees

**Course Description:**

This class is designed to help participants assess their current level of fitness, learn about life-long fitness options, and develop a personalized fitness and wellness plan.
---

**Course Outcomes and Assessment Plan:**

Upon completion of this course students will be able to:

Assess their current level of physical fitness. This will be shown by their completion of physical fitness measurements four times during the semester.

Assess their current level of wellness. This will be shown by the completion of their personalized fitness & wellness plan which will include an assessment of their emotional, intellectual, social, spiritual, physical, and environmental and occupational health.

Incorporate several life-long fitness options into their life routine. This will be shown by their participation in the fitness learning modules and their personalized fitness & wellness plan.

**Course Outline including Time Allocation:**

Assess current level of physical fitness	4 hours
Assess current level of wellness (6 dimensions)	6 hours
Learn about life-long fitness options	10 hours
Practice life-long fitness options	20 hours
Develop a personalized fitness & wellness plan	5 hours

**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): 200808 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

RMLS

b. Number

290

c. Enter Contact Hours per week in boxes.

LECTure  LAB  INDEPENDENT STUDY – Check (x)

Practicum:  Seminar:

d. Course Title: Wellness for Employees (Limit to 30 characters/spaces.)

e. College Code: COEHS

f. Department Code:

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

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.**

This class is designed to help participants assess their current level of fitness, learn about life-long fitness options, and develop a personalized fitness and wellness plan.

p. Term(s) Offered: F S (See instructions for listing.) q. Max. Section Enrollment: 25

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

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

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

*David Fluker* 7/23/08

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 Rec'd: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Entered: SCACRSE \_\_\_ SCADETL \_\_\_ SCARRES \_\_\_ SCAPREQ \_\_\_