

Revised 7/23/07

**PROPOSAL SUMMARY AND ROUTING FORM**

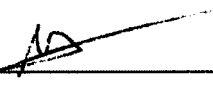

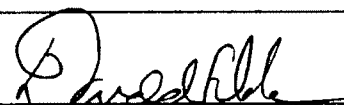
**Proposal Title: Minor Cleanup – AIMC Courses – Prerequisite Fix**

**Initiating Unit or Individual: Marketing Department**

**Contact Person's Name: Kay Anderson e-mail: andersok@ferris.edu phone: x2426**

**Date or Term of Proposal Implementation: Spring 2010 → SUMMER 2010**

- 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			<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		11/2/2009	<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
Dean		11/2/2009	<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		11/16/09	<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.

**To be completed by Academic Affairs**

\_\_\_\_\_  
President (Date Approved)

\_\_\_\_\_  
Board of Trustees (Date Approved)

\_\_\_\_\_  
President's Council (Date Approved)

## FORM A CONT.

### 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.)

Minor cleanup of AIMC course prerequisite so that the system will recognize ADVG courses as direct equivalents to their AIMC counterparts. Old courses are being added to the prerequisite in order for the system to allow Advertising majors to take the AIMC courses required to complete their degrees without having to have permission to enter each course for which the prerequisite is not being recognized.

### 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
AIMC	312	Layout and Production
AIMC	324	Promotional Writing
AIMC	334	Fundamentals of Media
AIMC	375	Business-to-Business Advertising/IMC
AIMC	376	Media Strategy and Tactics
AIMC	486	Advertising/IMC Management
AIMC	488	Advertising/IMC Campaigns

d. **Addition of existing FSU courses to program**

Prefix	Number	Title
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Directed Elective

e. **Removal of existing FSU courses from program**

Prefix	Number	Title
ADVG	485	Retail Promotion

\*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): Prerequisite correction

b. Term Effective (6 digit code only): <sup>201005</sup> 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

AIMC

b. Number

312

c. Enter Contact Hours per week in boxes.

LECTure  LAB  INDEPENDENT Study - Check (x)

Practicum:

Seminar:

d. Course Title: Layout and Production

**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. AIMC 222 or ADVG 222

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

1/1

Academic Affairs Approval Signature/Date:

[Signature] 1/15/05

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 \_\_ SCARRS \_\_ 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:

- 3. Complete all parts of Sections I and II; complete only those items in Section III that represent changes.
- 4. 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): Prerequisite correction

b. Term Effective (6 digit code only): <sup>201005</sup> 200005 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 AIMC      b. Number 324      c. Enter Contact Hours per week in boxes.  
LECTure 3      LAB       INDEpendent Study – Check (x)   
Practicum:       Seminar:

d. Course Title: Promotional Writing

**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. AIMC 222 or ADVG 222 and ENGL 250

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

Academic Affairs Approval Signature/Date: \_\_\_\_\_ 11/15/08

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 \_\_

**MODIFY COURSE**  
Course Data Entry Form

**FORM F**

**Modify Course**  
Rev. 07/23/07

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

Notes:

- 5. Complete all parts of Sections I and II; complete only those items in Section III that represent changes.
- 6. 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): Prerequisite correction

b. Term Effective (6 digit code only): 201005  
~~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. CURRENT:** Include information that is in the current course database.

a. Course Prefix

AIMC

b. Number

334

c. Enter Contact Hours per week in boxes.

LECTure

LAB

INDEpendent Study – Check (x)

Practicum:

Seminar:

d. Course Title: Fundamentals of Media

**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. AIMC 222 or ADVG 222

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

1/1

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

[Signature] 1/15/07

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 \_\_ SCARRS \_\_ 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:

- 7. Complete all parts of Sections I and II; complete only those items in Section III that represent changes.
- 8. 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): Prerequisite correction

b. Term Effective (6 digit code only): <sup>201005</sup> 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 AIMC      b. Number 375      c. Enter Contact Hours per week in boxes.  
LECTure       LAB       INDEPENDENT Study – Check (x)   
Practicum:       Seminar:

d. Course Title: Bus-to-Bus Advertising/IMC

**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. AIMC 222 or ADVG 222, Junior status

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

Academic Affairs Approval Signature/Date: \_\_\_\_\_ 11/5/09

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 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 \_\_ SCARRS \_\_ 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:

- 9. Complete all parts of Sections I and II; complete only those items in Section III that represent changes.
- 10. 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): Prerequisite correction

b. Term Effective (6 digit code only): <sup>201005</sup> 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 AIMC      b. Number 376      c. Enter Contact Hours per week in boxes.  
LECTure 3      LAB       INDEpendent Study – Check (x)   
Practicum:       Seminar:

d. Course Title: Media Strategy and Tactics

**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. AIMC 334 or ADVG 334

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

Academic Affairs Approval Signature/Date: [Signature] / /

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:

- 11. Complete all parts of Sections I and II; complete only those items in Section III that represent changes.
- 12. 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): Prerequisite correction

b. Term Effective (6 digit code only): <sup>201005</sup> 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 AIMC      b. Number 486      c. Enter Contact Hours per week in boxes.  
LECTure 3      LAB       INDEpendent Study – Check (x)   
Practicum:       Seminar:

d. Course Title: Advertising/IMC Management

**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. AIMC or ADVG Majors with senior status, or instructor permission

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

Academic Affairs Approval Signature/Date: Ronald E. [Signature] 11/5/09

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:

- 13. Complete all parts of Sections I and II; complete only those items in Section III that represent changes.
- 14. 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): Prerequisite correction

b. Term Effective (6 digit code only): <sup>201005</sup> 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 AIMC      b. Number 488      c. Enter Contact Hours per week in boxes.  
LECTure 3      LAB       INDEPENDENT Study – Check (x)   
Practicum:       Seminar:

d. Course Title: Advertising/IMC Campaigns

**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. AIMC 312 or ADVG 312, AIMC 324 or ADVG 324 and AIMC 334 or ADVG 334

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 \_\_