

PROPOSAL SUMMARY AND ROUTING FORM



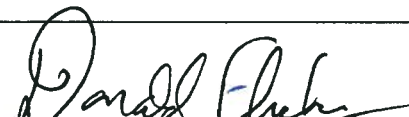
Proposal Title: Create Course – Independent Study ECOM 397

Initiating Unit or Individual: Marketing Department

Contact Person's Name: Kay Anderson e-mail: andersok@ferris.edu phone: 2426

Date or Semester of Proposal Implementation: Summer 2010

- 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			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Curriculum Committee	NA		<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean		3/29/10	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee	NA		<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Senate	NA		<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Academic Affairs		3/24/10	<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.

To be completed by Academic Affairs

 President (Date Approved) Board of Trustees (Date Approved) President's Council (Date Approved)

VPAA

MAR 31 2010

PROVOST

1. Proposal Summary

Create the course for independent study for Junior-level Statistics courses/students.

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:

Prefix	Number	Title
ECOM	397	Independent Study in E-Commerce Marketing - 300 level

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
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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.

I. ACTION TO BE TAKEN: CREATE A NEW COURSE

Note: 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: Semester Summer Year 2010 See instructions.

II. PROPOSED FOR NEW COURSE: Complete all sections of this part through Prerequisites. See instructions in manual for further clarification.

Course Prefix ECOM Number 397 Enter Contact Hours per week in boxes.
LECTure LAB INDEpendent Study – Check (x)
Practicum: Seminar:

Full Course Title: Special Studies in ECOM
Abbreviated Course Title: Special Studies in ECOM.
(Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)
Semester(s) Offered: FWS (See instructions for listing.) Max. Section Enrollment : 5

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.
Type: Variable Fixed Maximum Credit Hours 3 Minimum Credit Hours 1

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

Does proposed new course replace an equivalent course? Check (x) Yes No
Equivalent course: Prefix Number See instructions on Replacement courses.

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

Special Studies in E-Commerce Marketing – 300 level

Prerequisites: (if no prerequisites, write "None") Limited to 60 spaces. None.

UCC Chair Signature/Date: _____ / /

Academic Affairs Approval Signature/Date: _____ 3/31/10

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 __]