

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Clean-up- EDUC Undergraduate Internships

Initiating Unit or Individual: SOE

Contact Person's Name: Liza Ing e-mail: ingl@ferris.edu phone: x5362

Date or Semester of Proposal Implementation: Spring 2009

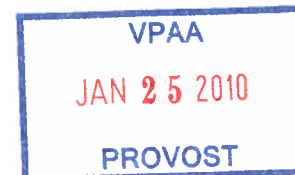
- Group I - A – New degree/major or major, or redirection of a current offering
- Group I - B – New minors or concentrations
- Group II - A – Minor curriculum clean-up and course changes
- Group II - B – New Course
- Group III - Certificates
- Group IV – Off-Campus Programs

| Group/Individual | Signature | Date | Vote/Action * |
|---------------------------------|---------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Program Faculty | <i>Karen Norman</i> | 10/8/09 | <input checked="" type="checkbox"/> Support 3-0 <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support |
| Department Faculty | <i>Freddie McE...</i> | 10/20/09 | <input checked="" type="checkbox"/> Support 13-0 <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support |
| Department Head | <i>Liza Ing</i> | 10/20/09 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support |
| College Curriculum Committee | <i>Mr. Chonah</i> | 10/30/09 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support |
| Dean | <i>Margaret A. Burton</i> | 11/3/09 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support |
| University Curriculum Committee | <i>[Signature]</i> | 1/25/10 | <input checked="" type="checkbox"/> Support 8-0 <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support |
| Senate | <i>Richard Siffert</i> | 1/25/10 | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support |
| Academic Affairs | <i>[Signature]</i> | 1/26/10 | <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) _____



FORM A CONT.

1. Proposal Summary

There are several internship courses that are listed in the University catalog, two of which have not been offered for at least 10 years. The third requires some minor revisions based on changes related to the ratio of actual work hours to credited hours from the Michigan Department of Education.

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:

| Prefix | Number | Title |
|---------------|---------------|--------------|
|---------------|---------------|--------------|

b. Courses to be Deleted From FSU Catalog:

| Prefix | Number | Title |
|---------------|---------------|-------------------------------------------|
| EDUC | 392 | Cooperative Non-Wage Earning Work Exp. |
| EDUC | 393 | Training in Business & Industry Work Exp. |

c. Existing Course(s) to be Modified:

| Prefix | Number | Title |
|---------------|---------------|-----------------------------|
| EDUC | 391 | Cooperative Work Internship |

d. Addition of existing FSU courses to program

| Prefix | Number | Title |
|---------------|---------------|--------------|
|---------------|---------------|--------------|

e. Removal of existing FSU courses from program

| Prefix | Number | Title |
|---------------|---------------|--------------|
|---------------|---------------|--------------|

***Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.**

DELETE COURSE

Course Date Entry Form

FORM F
Delete Course
rev. 2/14/05

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Semester Spring Year 2010 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix EDUC b. Number 392 c. Enter Contact Hours or check Independent Study (X).
LECTure hr/week LAB hr/week INDependent Study
Practicum: 3 hr/semester Seminar: hr/week

d. Full Course Title: Cooperative Non-wage Work Experience

UCO Chair Signature/Date:

 1/25/10

Academic Affairs Approval Signature/Date:

 1/26/10

Office of the Registrar use ONLY

Date Received: _____ Date Completed: _____ Entered: SIS [125 __, 1D4 __ 12R__ 131__]

DELETE COURSE

Course Date Entry Form

FORM F
Delete Course
rev. 2/14/05

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Semester Spring Year 2010 See instructions.


II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix EDUC b. Number 393 c. Enter Contact Hours or check Independent Study (X).
LECTure hr/week LAB hr/week INDEPENDENT Study
Practicum: 3 hr/semester Seminar: hr/week

d. Full Course Title: Training in Business-Industry Work Experience

UCC Chair Signature/Date:

 1/25/10

Academic Affairs Approval Signature/Date:

 1/26/10

Office of the Registrar use ONLY

Date Received: _____ Date Completed: _____ Entered: SIS [125 __, 1D4 __ 12R__ 131__]

MODIFY COURSE

Course Date Entry Form

FORM F
Modify Course
rev. 2/14/05

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 are being changed, use 'Delete Course' and 'New Course' forms rather than this form.

a. List the changes to be made: Course title, description and semester offered

b. Term Effective: Semester Spring Year 2010 See instructions.

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

a. Course Prefix EDUC b. Number 391 c. Enter Contact Hours per week in boxes or check Independent Study (X).
LECTure hr/week LAB hr/week INDEpendent Study
Practicum: 4 hr/week Seminar: hr/week

d. Full Course Title: Cooperative Work Internship

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

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes or check Independent Study (X).
LECTure hr/week LAB hr/week INDEpendent Study
Practicum: hr/semester Seminar: hr/week

d. Full Course Title: Work Experience Internship

e. Abbreviated Course Title: . (Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)

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

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

h. Type: Variable Fixed i. Maximum Credit Hours j. Minimum Credit Hours

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

m. May Be Repeated for Added Credit: Check (x) Yes No

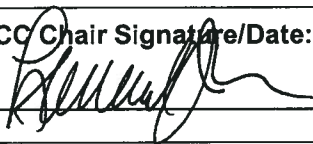
n. Levels: Check (x) Undergraduate Graduate Professional

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

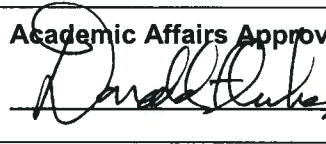
Paid work experience in the students Career/Technical teaching specialty (minimum of 18 and a maximum of 40 hours per week). Internship will be approved for 4 credits (250 hours per semester) or 8 credits (500 hours per semester) for a maximum of 8 credits.

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

UCC Chair Signature/Date:

 1/25/10

Academic Affairs Approval Signature/Date:

 1/26/10

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 ___ 12R ___ 131 ___]