

Revised 05/08/2009

**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title: Optometry curriculum Pre-requisite cleanup**

**Initiating Unit or Individual: Nancy Peterson-Klein – Michigan College of Optometry**  
**Contact Person's Name: Nancy Peterson-Klein e-mail: peterson@ferris.edu phone: x3703**  
**Date or Term of Proposal Implementation: 201005**

- 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 *
College Curriculum Committee			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Faculty			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean	<i>See email attached</i>		<input 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	<i>[Signature]</i>	<i>3/4/10</i>	<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)

**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.)

In 2004, the MCO submitted and was approved for a major curriculum revision. The rationale for these changes was included in the curriculum proposal at that time. In 2005, we submitted a small additional revision as part of that curriculum initiative.

The 2007 proposal involved minor changes and “cleanup” of the “new” curriculum. These changes were necessitated by:

1) changes in the scheduling of Part 1 of the National Board of Examiners in Optometry (NBEO) test, which was moved to a later date, and a major revision of the content of the exam(s), Parts I, II, and III. These changes necessitated the re-designation of some of our courses, which, in turn gave students more opportunity to prepare for the examination, and also lightened what was a rather “overloaded” semester during the 2<sup>nd</sup> and 3<sup>rd</sup> years.

2) changes in the constantly evolving profession of optometry, which, with the increased aging population, needed to augment and expand the preparation that our students receive to manage competently with the new demographic. In this regard, we instituted a specific course in gerontology during the summer semester of the 3<sup>rd</sup> year. At the same time, a capstone course in basic science was deleted, since this material is de-emphasized in the new test administration.

3) internal inconsistencies in our course numbering system. Our students undergo a transition from 3<sup>rd</sup> to 4<sup>th</sup> year in the summer following the 3<sup>rd</sup> year. Our numbering system in the summer following the 2<sup>nd</sup> year has those courses as 2<sup>nd</sup> year courses. We renumbered the summer courses after the 2<sup>nd</sup> year to reflect a transition to the 3<sup>rd</sup> year.

The current proposal involves “cleanup” of OPTM course prerequisites that were missed in the 2007 proposal as part of the renumbering of courses.

**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

c. **Existing Course(s) to be Modified:**

Prefix	Number	Title
OPTM	854	Clinical Practice 1
OPTM	855	Clinical Practice 2
OPTM	856	Clinical Practice 3
OPTM	630	General Pathology
OPTM	635	Neuroanatomy & Neurophysiology
OPTM	741	Developmental & Behavioral Optometry
OPTM	752	Optometry Clinic 3-1
OPTM	638	General & Ocular Pharmacology

**OPTM            759            Clinical Problem Solving 3**

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

**Prefix            Number            Title**

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

**Prefix            Number            Title**

**3. Summary of All Consultations**

<b>Form Sent (B or C)</b>	<b>Date Sent</b>	<b>Responding Dept.</b>	<b>Date Received &amp; by Whom</b>
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**4. Will External Accreditation be Sought? (For new programs or certificates only)**

\_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**If yes, name the organization involved with accreditation for this program.**

**5. Program Checksheets affected by this proposal.**

**MODIFY COURSE**  
Course Data Entry Form

**FORM F**

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

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

Notes:

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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):

b. Term Effective (6 digit code only):  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  b. Number  c. Enter Contact Hours per week in boxes.  
LECTure  LAB  INDEpendent Study – Check (x)   
Practicum:  Seminar:

d. Course Title:

**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.

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

Academic Affairs Approval Signature/Date:  3/14/10

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

**MODIFY COURSE**  
**Course Data Entry Form**

**FORM F**

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a. List the changes to be made (See Proposed Changes a through p below): **p**

b. Term Effective (6 digit code only): **201008** 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 **OPTM**      b. Number **855**      c. Enter Contact Hours per week in boxes.  
LECTure      LAB      INDEpendent Study – Check (x)   
Practicum: **40**      Seminar:

d. Course Title: **Clinical Practice 2**

**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. **OPTM 753**

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

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

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LECTure  LAB  INDEpendent Study – Check (x)   
Practicum:  Seminar:

d. Course Title:

**III. PROPOSED CHANGES:** Complete only those boxes that represent proposed changes identified in Section I. Leave all other spaces blank.

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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

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Academic Affairs Approval Signature/Date: \_\_\_\_\_ 3/14/10

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LECture  LAB  INDEpendent Study – Check (x)   
Practicum:  Seminar:

d. Course Title:

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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.

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

Academic Affairs/Approval Signature/Date: \_\_\_\_\_ 2/4/10

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

a. Course Prefix **OPTM**      b. Number **635**      c. Enter Contact Hours per week in boxes.  
LEcture **3**      LAB      INDEpendent Study – Check (x)   
Practicum:       Seminar:

d. Course Title: **Neuroanatomy & Neurophysiology**

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LEcture       LAB       INDEpendent Study – Check (x)   
Practicum:       Seminar:

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

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

Academic Affairs Approval Signature/Date:  2/4/10

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Basic Skill (BS)     General Education (GE)     Occupational Education (OC)     G.E. Codes

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Practicum:  Seminar:

d. Course Title:

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LECTure  LAB 2 INDEpendent Study – Check (x)   
Practicum:  Seminar:

d. Course Title:

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Practicum:  Seminar:

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Practicum:  Seminar:

d. Course Title:

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**Fw: Incorrect Prerequisite numbers for updated optometry curriculum**

Nancy Peterson-Klein to: Joanne Gerst

Cc: Donald Flickinger

03/04/2010 03:02 PM

Jo,

Thanks for responding so quickly to my phone call and email. Please find attached the completed forms that you suggested in your original email, including form Fs for each course and a completed Form A.

Let me know if all forms are correct and what are the next steps in the process to complete the prerequisite changes. Optometry does not use check-sheets since there is only one sequence for a student to complete the curriculum. Please advise when I should send you a hard-copy of these forms.

Thanks again.

Nancy

Nancy Peterson-Klein, OD, FAAO  
Associate Dean  
Michigan College of Optometry  
Ferris State University  
1310 Cramer Circle  
Big Rapids, MI 49307  
PH: 231-591-3703



MODIFY COURSE FORM F OPTM 854 2010.doc



MODIFY COURSE FORM F OPTM 855 2010.doc



MODIFY COURSE FORM F OPTM 856 2010.doc



MODIFY COURSE FORM F OPTM 638 2010.doc



MODIFY COURSE FORM F OPTM 741 2010.doc



MODIFY COURSE FORM F OPTM 752 2010.doc



MODIFY COURSE FORM F OPTM 759 2010.doc



FORM A Optometry 2010.doc



MODIFY COURSE FORM F OPTM 635 2010.doc

----- Forwarded by Nancy Peterson-Klein/FSU on 03/04/2010 02:47 PM -----

Donald Flickinger, MM> Fw: Incorrect Prerequisite numbers for updated optometry curriculum  
Associate Provost  
Ferris State University  
1201 South State Street  
CSS 310  
Big Rapids, MI 49307  
Phone: 231.591.2553

From: Donald Flickinger/FSU  
To: Nancy Peterson-Klein/FSU@Ferris, Joanne Gers/FSU@FERRIS  
Date: 03/03/2010 11:36 AM  
Subject: Fw: Incorrect Prerequisite numbers for updated optometry curriculum

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FYI - Karen is good with the changes so I am good with Jo's process.

----- Forwarded by Donald Flickinger/FSU on 03/03/2010 11:34 AM -----

From: Karen Strasser/FSU  
To: Donald Flickinger/FSU@FERRIS  
Date: 03/03/2010 08:19 AM  
Subject: Re: Fw: Incorrect Prerequisite numbers for updated optometry curriculum

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Don:  
Nancy's request will just formalize current practice and will not impact our load/scheduling.

Although I wasn't involved at the time, I believe the move from our 300 level Anatomy and Physiology to OPT 537-538 occurred when these courses were created (or at least revived). The switch may have been approved through UCC in the Form A for these (OPT 537/538) courses.

Thank you for checking with me,  
Karen

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Karen Strasser, Ph.D.  
Academic Department Head  
Biological Sciences  
Ferris State University  
820 Campus Drive, ASC 2004  
Big Rapids, MI 49307

Phone: 231-591-2543  
Fax: 231-591-2540  
karenstrasser@ferris.edu

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Donald Flickinger      Do the optometry prereq changes below have an impact on your class schedul...      03/03/2010 08:06:47 AM

From: Donald Flickinger/FSU  
To: Karen Strasser/FSU@FERRIS  
Date: 03/03/2010 08:06 AM  
Subject: Fw: Incorrect Prerequisite numbers for updated optometry curriculum

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Donald Flickinger, MM> Fw: Incorrect Prerequisite numbers for updated optometry curriculum  
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Do the optometry prereq changes below have an impact on your class scheduling and load?

----- Forwarded by Donald Flickinger/FSU on 03/03/2010 08:05 AM -----

From: Joanne Gerst/FSU  
To: Nancy Peterson-Klein/FSU@FERRIS, Donald Flickinger/FSU@FERRIS  
Cc: Colleen A Olson/FSU@FERRIS  
Date: 03/03/2010 07:46 AM  
Subject: Re: Incorrect Prerequisite numbers for updated optometry curriculum

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Hi Nancy,

These changes need to be made using one Form A for the group and a separate Form F for each change.

Don,

Should she also process a Form B to notify the Biology Department they will no longer be using BIOL 332? And does that mean these changes have to go through UCC? And what about check sheet updates?

Joanne Gerst  
Associate Registrar  
Ferris State University  
Big Rapids, MI 49307  
231.591.2794 office  
231.591.2242 fax

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Any use by others is strictly prohibited.

Nancy Peterson-Klein/FSU

Nancy Peterson-Klein/FSU  
03/02/2010 10:27 AM



To Joanne Gerst/FSU@FERRIS  
cc Colleen A Olson/FSU@FERRIS  
Subject Incorrect Prerequisite numbers for updated optometry curriculum

Hello Jo,

Donald Flickinger, MM> Fw: Incorrect Prerequisite numbers for updated optometry curriculum  
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The following courses do not have the correct prerequisite courses for the MCO curriculum:

Summer:

Clinical Practice 1 - OPTM 854 should be OPTM 753 not OPTM 683

Fall:

Clinical Practice 2 - OPTM 855 should be OPTM 753 not OPTM 683

General Pathology - OPTM 630 should OPTM 538 not BIOL 332

Neuroanatomy - Neurophysiology - OPTM 635 should be OPTM 538 not BIOL 332

Dev-Behavioral Pediatric OPT - OPTM 741 should be OPTM 746 not OPTM 646

Optometry Clinic 3-2 - OPTM 752 should be OPTM 735 (not 639), should be 746 (not 646), should be 749 (not 649) and 751 (not 651)

Spring:

General -Ocular Pharmacology - OPTM 638 should be OPTM 530 not PHCH 320

Clinical Problem Solving 3 - OPTM 759 should be OPTM 758 not OPTM 658

Clinical Practice 3 - OPTM 856 should be OPTM 753 not OPTM 683

I left you a voice mail today. What should I do next to update these prerequisites for the courses. Should I complete a Form F - Modify an existing course for each and forward to you??

Thanks for your help in cleaning up these numbers.

Nancy

Nancy Peterson-Klein, OD, FFAO  
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Michigan College of Optometry  
Ferris State University  
1310 Cramer Circle

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