



FORM A
College of Arts and Sciences

Revised 05/08/2009

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Modify Prerequisites to RELG 425

Initiating Unit or Individual: Dr. David Aiken, Dept. of Humanities, JOH 122
Contact Person's Name: Dr. David Aiken e-mail: aikend@ferris.edu phone: x3615
Date or Term of Proposal Implementation: Fall 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 or Academic Unit Faculty		12/2/09	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Faculty		11-25-09	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Head		12/7/09	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Curriculum Committee		1/26/10	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean		2/1/10	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee		2/8/10	<input checked="" type="checkbox"/> Support 8-0 <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Senate		2/19/10	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Academic Affairs		2/15/10	<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 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)

VPAA
FEB 11 2010
PROVOST

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.)

Currently, RELG 425 has the following pre-requisites: RELG 215, 325, 326 and ENGL 250. That phrasing forces students to have completed all of the courses prior to taking RELG 425. It is believed that having so many prerequisites has hurt enrollment in the course. Thus, we are requesting a change in language to read "ENGL 250 and either RELG 215, or RELG 325, or RELG 326."

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
RELG	425	Christianity

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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3. Summary of All Consultations

Form Sent (B or C)	Date Sent	Responding Dept.	Date Received & by Whom
Not applicable			

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.

Religious Studies Minor

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):

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

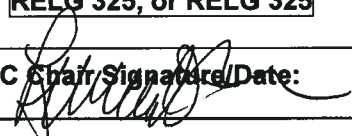
l. Grade Method: Check (x) Normal Grading Credit/No Credit only (Pass/Fail)

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:

 2/18/10

Academic Affairs Approval Signature/Date:

 2/18/10

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 __