

PROPOSAL SUMMARY AND ROUTING FORM

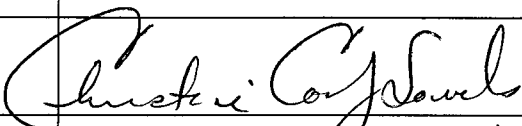
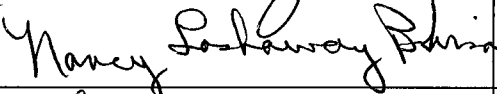
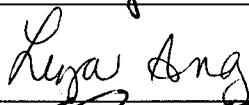

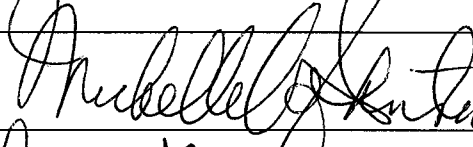
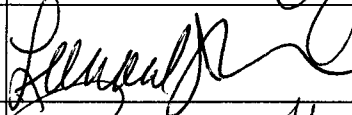
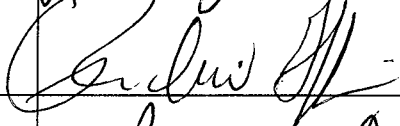

Proposal Title: Minor Curriculum Clean-up- Elementary Education M. Ed.

Initiating Unit or Individual: SOE

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

Date or Semester of Proposal Implementation: FALL 2007

- 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		10/17/06	<u>5</u> Support <u>0</u> Support with Concerns <u>0</u> Not Support
Department Faculty		10/17/06	<u>12</u> Support <u>0</u> Support with Concerns <u>0</u> Not Support
Department Head		10/17/06	<input checked="" type="checkbox"/> Support <u>0</u> Support with Concerns <u>0</u> Not Support
College Curriculum Committee		11/6/06	<input checked="" type="checkbox"/> Support <u>0</u> Support with Concerns <u>0</u> Not Support
Dean		11/6/06	<input checked="" type="checkbox"/> Support <u>0</u> Support with Concerns <u>0</u> Not Support
University Curriculum Committee		11/9/06	<input checked="" type="checkbox"/> Support <u>8-0</u> <u>0</u> Support with Concerns <u>0</u> Not Support
Senate		11/10/06	<input checked="" type="checkbox"/> Support <u>0</u> Support with Concerns <u>0</u> Not Support
Academic Affairs		11/15/06	<input checked="" type="checkbox"/> Support <u>0</u> Support with Concerns <u>0</u> 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)

REC'D NOV 23 2006

FORM A CONT.

1. Proposal Summary

This proposal is to include the course pre-requisites for Level II courses in the Master of Education- Elementary option to match the undergraduate hours of the same classes. These pre-requisites should have been included in the original submission of the program and this proposal is intended to correct this.

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
EDUC	520	Tchg. Rdg in Elem/MS I
EDUC	531	Tchg, Eval Lang Arts/SS- Elem/MS
EDUC	532	Tchg, Eval Math & Sci- Elem/MS

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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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: Pre and co-requisites

b. Term Effective: Semester Fall Year 07 See instructions.

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

a. Course Prefix EDUC b. Number 520 c. Enter Contact Hours per week in boxes or check Independent Study (X).
LECTure 3 hr/week LAB hr/week INDEpendent Study

Practicum: hr/week Seminar: hr/week

d. Full Course Title: Teaching Reading in Elem/MS I

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:

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

f. Semester(s) Offered: (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.

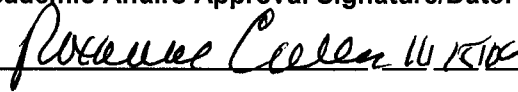
p. Prerequisites: (if no prerequisites, write "None") Limited to 60 spaces. pre-requisite EDUC 501 & 503,
and EDUC 513.

UCC/Chair Signature/Date:



11/9/06

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 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:

0. Complete all parts of sections I and II; complete only those items in section III that represent changes.
0. 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: Pre-requisites and contact hours

b. Term Effective: Semester Winter Year 07 See instructions.

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

a. Course Prefix EDUC b. Number 531 c. Enter Contact Hours per week in boxes or check Independent Study (X).
LECTure 3 hr/week LAB hr/week INDEpendent Study

Practicum: hr/week Seminar: hr/week

d. Full Course Title: Teaching, Evaluating Language Arts & Social Studies in Elem/MS

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 2 hr/week LAB 3 hr/week INDEpendent Study

Practicum: hr/semester Seminar: hr/week

d. Full Course Title:

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

f. Semester(s) Offered: (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 3 j. Minimum Credit Hours 3

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.

p. Prerequisites: (if no prerequisites, write "None") Limited to 60 spaces. pre-requisite EDUC 513 & 520.

UCC Chair Signature/Date:



11/9/06

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 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:

- Complete all parts of sections I and II; complete only those items in section III that represent changes.
- 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: Pre-requisites and contact hours

b. Term Effective: Semester Winter Year 07 See instructions.

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

a. Course Prefix EDUC b. Number 532 c. Enter Contact Hours per week in boxes or check Independent Study (X).
LECTure 3 hr/week LAB hr/week INDEpendent Study
Practicum: hr/week Seminar: hr/week

d. Full Course Title: Teaching, Evaluating Math & Science in Elem/MS

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 2 hr/week LAB 3 hr/week INDEpendent Study
Practicum: hr/semester Seminar: hr/week

d. Full Course Title:

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

f. Semester(s) Offered: (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 3 j. Minimum Credit Hours 3

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.

p. Prerequisites: (if no prerequisites, write "None") Limited to 60 spaces. pre-requisite EDUC 513 & 520

UCC/Chair Signature/Date:

[Signature] 11, 9, 06

Academic Affairs Approval Signature/Date:

[Signature] 11, 15, 06

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 ___]

CURRICULUM CONSULTATION FORM

For proposals affecting graduate and professional curricula

1. This form, with the first six blanks filled in, should be forwarded with the proposal to the chair of the Graduate and Professional Council.
2. The Graduate and Professional Council must respond within 20 calendar days of receipt of this form to insure inclusion in the final proposal. The completed form is returned to the initiator and inserted into the proposal. Failure to respond is interpreted as support for the proposal.
3. The Proposing Department must respond to any concerns by the Council. This response will be in writing and be included in the proposal following the consultation form.

RE: Proposal Title Minor Curriculum Clean-up- Elementary Ed. M.Ed.

Initiator(s): School of Education

Proposal Contact: Liza Ing **Date Sent:** 9/22/06

Department: School of Education **Campus Address:** BIS 421
(Please print)

Response from: Graduate and Professional Council

Chair: [Signature]

Date Returned: 10-1-06

Based upon Graduate and Professional Council review on _____ (date), we

- Support the above proposal.
- Support the above proposal with the modifications and concerns listed below.
- Do not support the proposal for the reasons listed below.

Comment regarding the impact this proposal has on graduate and professional program issues at the university. Use additional pages, if necessary.