

PROPOSAL SUMMARY AND ROUTING FORM

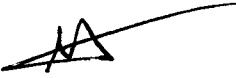
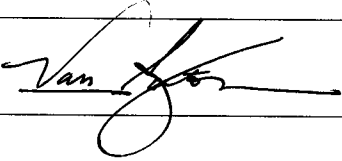
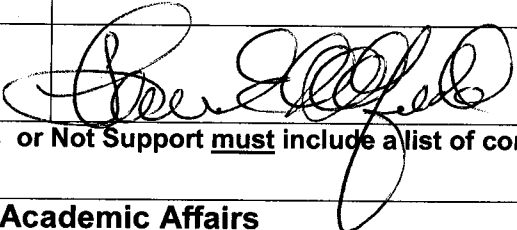
Proposal Title: NEW COURSE – STQM 300 – REVISION OF IMPLEMENTATION DATE AND OFFERING ON LXXII

Initiating Unit or Individual: N. Tymes, E. Kouider, M. Cooper

Contact Person's Name: Kay Anderson e-mail: andersok@ferris.edu phone: x2426

Date or Semester of Proposal Implementation: 08F

- 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	Original forms approved on:	1/6/07	<u>3</u> Support <u>0</u> Support with Concerns <u>0</u> Not Support
Department Faculty	Original forms approved on:	1/6/07	<u>14</u> Support <u>0</u> Support with Concerns <u>0</u> Not Support
Department Head		7/12/07	<u>X</u> Support <u> </u> Support with Concerns <u> </u> Not Support
College Curriculum Committee			<u> </u> Support <u> </u> Support with Concerns <u> </u> Not Support
Dean		07/12/07	<u> </u> Support <u> </u> Support with Concerns <u> </u> Not Support
University Curriculum Committee			<u> </u> Support <u> </u> Support with Concerns <u> </u> Not Support
Senate			<u> </u> Support <u> </u> Support with Concerns <u> </u> Not Support
Academic Affairs		7/13/07	<u> </u> Support <u> </u> Support with Concerns <u> </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)

1. Proposal Summary

This proposal is for a new course. Changes only in the terms of the proposal are available for ongoing review and the implementation date.

Proposed course STQM 360 covers risk analysis and strategy with focus on industry-specific events/projects (e.g. national security, sport and entertainment).

Need: This course would serve curricular needs created by a newly proposed integrated program in security (proposed elsewhere). The projected start-up demand of this new program is sufficient to justify creation of this course.

At present, no other course on campus addresses the particular risk assessment and strategy of events and projects associated with multiple industries including homeland and organizational security.

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:

Prefix	Number	Title
STQM	360	Risk Analysis and Strategy

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.

MODIFY COURSE

Course Date Entry Form

FORM F
Modify Course
rev. 9/23/02

I. ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE

Notes:

1. If this course is a prerequisite for other university courses, Form Fs for those courses must also be submitted.
2. If either prefix or number are being changed, use 'Delete Course' and 'New Course' forms rather than this form.

List the changes to be made: Change term of implementation and terms available for offering only

Term Effective: Semester Spring Year 2008 See instructions.

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

Course Prefix STQM Number 360 Enter Contact Hours per week in boxes.
LECTure 3 LAB INDEpendent Study – Check (x)
Practicum: Seminar:

Full Course Title: Risk Analysis and Strategy

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

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

Full Course Title:

Abbreviated Course Title:

(Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)

Semester(s) Offered: FWS (See instructions for listing.) Max. Section Enrollment:

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

Type: Variable Fixed Maximum Credit Hours Minimum Credit Hours

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

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

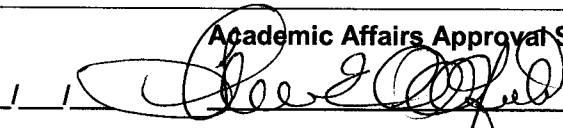
Levels: Check (x) Undergraduate Graduate Professional

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

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

UCC Chair Signature/Date:

Academic Affairs Approval Signature/Date:

 7/16/07

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 ____]