

FORM A
College of Education and Human Services

Revised 11/4/02

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Revision of Grading Process for Capstone Courses in the
School of Education

Initiating Unit or Individual: SOE Graduate Curriculum Committee

Contact Person's Name: Cheryl Thomas e-mail: thomasc@ferris.edu phone: x2727

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	<i>Christine C. J. Sowell</i>	10/17/06	<u>5</u> Support Support with Concerns Not Support
Department Faculty	<i>Nancy Lashway Bohra</i>	10/17/06	<u>12</u> Support Support with Concerns Not Support
Department Head	<i>Lynza Ang</i>	10/17/06	<u>✓</u> Support Support with Concerns Not Support
College Curriculum Committee	<i>[Signature]</i>		<u>✓</u> Support Support with Concerns Not Support
Dean	<i>Michael J. [Signature]</i>	11/6/06	<u>✓</u> Support Support with Concerns Not Support
University Curriculum Committee	<i>[Signature]</i>	11/9/06	<u>✓</u> Support <u>8-0</u> Support with Concerns Not Support
Senate	<i>[Signature]</i>	11/12/06	<u>✓</u> Support Support with Concerns Not Support
Academic Affairs	<i>Roxanne Cole</i>	11/15/06	<u>✓</u> Support Support with Concerns Not Support

* Support with Concerns or Not Support must include a list of concerns.

To be completed by Academic Affairs		
<hr/> President (Date Approved)	<hr/> Board of Trustees (Date Approved)	<hr/> President's Council (Date Approved)

REC'D NOV 13 2006

1. Proposal Summary

EDUC 680 (Capstone Project/Portfolio) and EDUC 699 (Thesis) demonstrate the culmination of students' graduate work, and through these capstone activities students are demonstrating how their work fulfills the outcomes of their graduate program. Further, because the exhibits contained in the project or portfolio have already been graded, it is desirable that the overall grade capstone be credit/no credit basis rather than the current traditional grading scale.

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	680	Capstone Project/Portfolio
EDUC	699	Thesis

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

FORM F
Modify Course
rev. 2/14/05

Course Date Entry Form

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: Change grading process from traditional scale to Credit/No Credit

b. Term Effective: Semester Fall Year 2007 See instructions.

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

a. Course Prefix **EDUC** b. Number **680** c. Enter Contact Hours per week in boxes or check Independent Study (X).

LECTure hr/week LAB hr/week INDEpendent Study

Practicum: hr/week Seminar: hr/week

d. Full Course Title: Capstone Project/Portfolio

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. .

UCC Chair Signature/Date:

[Signature] 11/9/06

Academic Affairs Approval Signature/Date:

[Signature] 11/15/05

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

FORM F
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rev. 2/14/05

Course Date Entry Form

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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: Change grading process from traditional scale to Credit/No Credit

b. Term Effective: Semester Fall Year 2007 See instructions.

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

a. Course Prefix EDUC b. Number 699 c. Enter Contact Hours per week in boxes or check Independent Study (X).
LECTure hr/week LAB hr/week INDEpendent Study
Practicum: hr/week Seminar: hr/week

d. Full Course Title: Thesis

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)

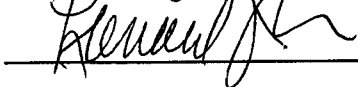
m. May Be Repeated for Added Credit: Check (x) Yes No

n. Levels: Check (x) Undergraduate Graduate Professional

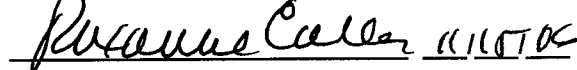
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UCC Chair Signature/Date:

 11/9/06

Academic Affairs Approval Signature/Date:

 11/10/06

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