

Revised 05/08/2009

## PROPOSAL SUMMARY AND ROUTING FORM

**Proposal Title: Consistent number of credits lists in BANNER for COB internship courses for AFIS and MKTG departments**

Initiating Unit or Individual: Barb Renne, Mike Cooper, Jim Woolen

Contact Person's Name: Barb Renne e-mail: renneb@ferris.edu phone: x3049

Date or Term of Proposal Implementation: immediate

- 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 Faculty                         |                        |           | <input type="checkbox"/> Support<br><input type="checkbox"/> Support with Concerns<br><input type="checkbox"/> Not Support            |
| Department Faculty                      |                        |           | <input type="checkbox"/> Support<br><input type="checkbox"/> Support with Concerns<br><input type="checkbox"/> Not Support            |
| Department Head                         | <i>James R. Woolen</i> | 4/26/2010 | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Support with Concerns<br><input type="checkbox"/> Not Support |
| <del>College Curriculum Committee</del> | <i>[Signature]</i>     | 4/26/10   | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Support with Concerns<br><input type="checkbox"/> Not Support |
| Dean                                    |                        |           | <input type="checkbox"/> Support<br><input type="checkbox"/> Support with Concerns<br><input type="checkbox"/> Not Support            |
| University Curriculum Committee         |                        |           | <input type="checkbox"/> Support<br><input type="checkbox"/> Support with Concerns<br><input type="checkbox"/> Not Support            |
| Senate                                  |                        |           | <input type="checkbox"/> Support<br><input type="checkbox"/> Support with Concerns<br><input type="checkbox"/> Not Support            |
| Academic Affairs                        | <i>Donald Fleck</i>    | 5/13/10   | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Support with Concerns<br><input type="checkbox"/> Not Support |

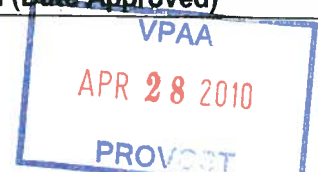
\* Support with Concerns or Not Support must include a list of specific concerns. Votes must be shown for faculty groups. Administrators check appropriate action taken.

**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.)

Propose to make all internships consistent throughout these three departments in the College of Business. Courses will be 1-6 or 1-9 credits variable. Students can be registered on a per person basis as to the number of credits needed. This will allow the departments and the Internship Coordinator to work with students who need enough credits of internship to allow them to qualify for full time status and receive financial aid.

ie. The student that will be interning off campus and needs to be considered full-time for insurance and/or financial aid purposes (6 credits), and might want to complete a second internship later on for credit.

**2. Summary of All Course Action Required\***

**a. Newly Created Courses to FSU:**

|               |               |              |  |
|---------------|---------------|--------------|--|
| <b>Prefix</b> | <b>Number</b> | <b>Title</b> |  |
|---------------|---------------|--------------|--|

**b. Courses to be Deleted From FSU Catalog:**

|               |               |              |  |
|---------------|---------------|--------------|--|
| <b>Prefix</b> | <b>Number</b> | <b>Title</b> |  |
|---------------|---------------|--------------|--|

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

|               |               |              |  |
|---------------|---------------|--------------|--|
| <b>Prefix</b> | <b>Number</b> | <b>Title</b> |  |
|---------------|---------------|--------------|--|

|      |     |                             |                          |
|------|-----|-----------------------------|--------------------------|
| ISYS | 291 | CIS Internship              | variable 1-6/name change |
| ACCT | 491 | Accounting Internship       | variable 1-6             |
| CITS | 491 | CIT Internship              | variable 1-6             |
| ISIN | 491 | ISI Internship              | variable 1-6/name change |
| ISYS | 491 | CIS Internship              | variable 1-6             |
| PREL | 491 | Public Relations Internship | variable 1 - 9           |

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

|               |               |              |  |
|---------------|---------------|--------------|--|
| <b>Prefix</b> | <b>Number</b> | <b>Title</b> |  |
|---------------|---------------|--------------|--|

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

|               |               |              |  |
|---------------|---------------|--------------|--|
| <b>Prefix</b> | <b>Number</b> | <b>Title</b> |  |
|---------------|---------------|--------------|--|

**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> |
| 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.**

None – the number of credits on the checksheet will not change. This will merely give more flexibility at the time of registration.

**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**): Revise CIS internship credit hours to 1-6 (from 1-3). Correct title to read CIS Internship.

b. Term Effective (6 digit code only): 201005 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 ISYS      b. Number 291      c. Enter Contact Hours per week in boxes.  
LECTure     LAB     INDEpendent Study – Check (x)   
Practicum:       Seminar:

d. Course Title: Cooperative Education

**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: CIS Internship (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 6      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:  5/3/10

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 \_\_

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**Course Data Entry Form**

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**Rev. 07/23/07**

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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): Revise Accounting Internship credit hours to 1-6 (from 1-9).

b. Term Effective (6 digit code only): 201005 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

ACCT

b. Number

491

c. Enter Contact Hours per week in boxes.

LECTure  LAB  INDEPENDENT Study – Check (x)

Practicum:  Seminar:

d. Course Title: Accounting Internship

**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  6 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:

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Academic Affairs Approval Signature/Date: \_\_\_\_\_ 8/13/10

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a. List the changes to be made (**See Proposed Changes a through p below**): Revise CIT Internship credit hours to 1-6 (from 1-3). Change course title to CIT Internship

b. Term Effective (6 digit code only): 201005 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 CITS      b. Number 491      c. Enter Contact Hours per week in boxes.  
LECTure       LAB       INDEpendent Study – Check (x)   
Practicum:       Seminar:

d. Course Title: Internship

**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: CIT Internship (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 6    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: [Signature] 5/13/10

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a. List the changes to be made (See Proposed Changes a through p below): Revise ISI internship credit hours to 1-6 Variable (from 3 fixed). Change course title to ISI Internship.

b. Term Effective (6 digit code only): 201005 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

ISIN

b. Number

491

c. Enter Contact Hours per week in boxes.

LECTure  LAB  INDEPENDENT Study – Check (x)

Practicum:  Seminar:

d. Course Title: Internship

**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: ISI Internship (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  6 i. Minimum Credit Hours  1

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: \_\_\_\_\_

Donald F. Hicks 5/13/10

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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

ISYS

b. Number

491

c. Enter Contact Hours per week in boxes.

LECTure  LAB  INDEpendent Study – Check (x)

Practicum:  Seminar:

d. Course Title: CIS Internship

**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  6 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: \_\_\_\_\_

Donald Thomas 5/13/10

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b. Term Effective (6 digit code only): 201005 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

PREL

b. Number

491

c. Enter Contact Hours per week in boxes.

LECTure  LAB  INDEpendent Study – Check (x)

Practicum:  Seminar:

d. Course Title: Public Relations Internship

**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 9 i. Minimum Credit Hours 1

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: \_\_\_\_\_

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code

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