

PROPOSAL SUMMARY AND ROUTING FORM

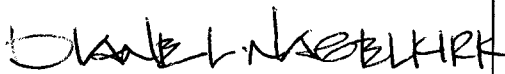
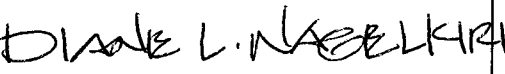
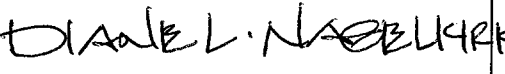
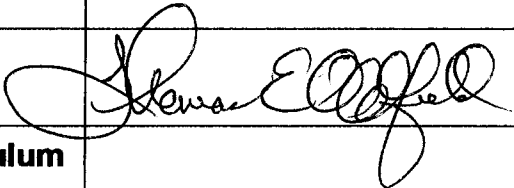
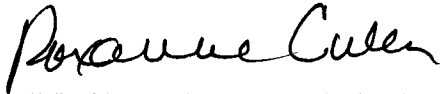
Proposal Title: Proposal for independent study.

Initiating Unit or Individual: Joe Samson

Contact Person's Name: Diane Nagelkirk e-mail: nagelkid@ferris.edu phone: x2630

Date or Semester of Proposal Implementation: Spring 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		12/4/06	<input checked="" type="radio"/> Support <input type="radio"/> Support with Concerns <input type="radio"/> Not Support
Department Faculty		12/4/06	<input checked="" type="radio"/> Support <input type="radio"/> Support with Concerns <input type="radio"/> Not Support
Department Head / Chair		12/4/06	<input checked="" type="radio"/> Support <input type="radio"/> Support with Concerns <input type="radio"/> Not Support
College Curriculum Committee			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean		12/12/06	<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Senate			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Academic Affairs		12-15-06	<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 concerns.

To be completed by Academic Affairs

 President (Date Approved) Board of Trustees (Date Approved) President's Council (Date Approved)

*Not currently on system
Jed*

FORM A CONT.

1. Proposal Summary

To utilize the existing course FMAN 397 (Special studies in Facility Management) for students to complete program requirements for a BS in Facility Management. The intent is to provide flexibility for transfer students in meeting and completing program requirements and opportunity for students to pursue independent areas of interest.

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
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d. Addition of existing FSU courses to program

Prefix	Number	Title
FMAN	397	Special Studies in Facility Management

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.**

CREATE A NEW COURSE

Course Date Entry Form

FORM F
Create Course
rev. 2/14/05

I. ACTION TO BE TAKEN: CREATE A NEW COURSE

Notes

1. Complete each item in section I and section II.
2. : If this course is to be used as a prerequisite for other university courses, Form Fs that reflect the prerequisite change must be submitted for those courses as well.

Term Effective: a. Semester Spring b. Year 2007 See instructions.

II. PROPOSED FOR NEW COURSE: Complete all sections of this part through Prerequisites. See instructions in manual for further clarification.

a. Course Prefix FMAN b. Number 397 c. Enter Contact Hours or check Independent Study (X).
LECTure hr/week LAB hr/week INDEpendent Study
Practicum: hr/semester Seminar: hr/week

d. Full Course Title: Special Studies in Facility Management

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

f. Semester(s) Offered: All (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

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. Does proposed new course replace an equivalent course? Check (x) Yes No

p. Equivalent course: Prefix Number See instructions on Replacement courses.

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

An independent study course that allows students to pursue special topics in FM with the supervision and collaboration of a program faculty member.

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

UCC Chair Signature/Date: _____

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 ___]