

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Create FREN 197: Special Studies in French

Initiating Unit or Individual: _____

Contact Person's Name: _____ **e-mail:** _____ **phone:** _____

Date or Semester of Proposal Implementation: _____

- 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 or Academic Unit Faculty			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Faculty			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Head	<i>Reinhold R. Hill</i>	5/5/07	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Curriculum Committee			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean	<i>Matthew J. Re</i>	5/5/07	<input checked="" 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	<i>[Signature]</i>	5/5/07	<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.

**Vote counts are to be shown for faculty group actions. "X" for administrative actions.

To be completed by Academic Affairs		
_____ President (Date Approved)	_____ Board of Trustees (Date Approved)	_____ President's Council (Date Approved)

REC'D MAY 7 2007

FORM A CONT.

1. Proposal Summary

Create French 197: Special Studies in French

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:

Prefix	Number	Title
FREN	197	Special Studies in French

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.

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 b. Year 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 b. Number 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:

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. 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.

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

UCC Chair Signature/Date: _____

Academic Affairs Approval Signature/Date: _____

_____ / /

 5/2/07

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 ___ 12R ___, 131 ___]