

PROPOSAL SUMMARY AND ROUTING FORM

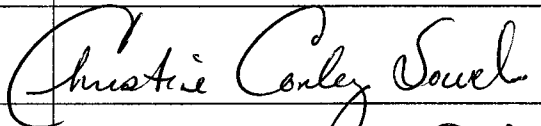
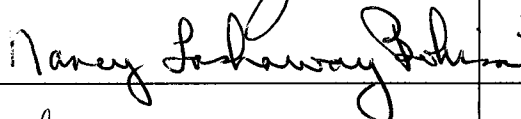
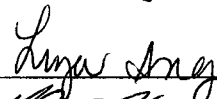
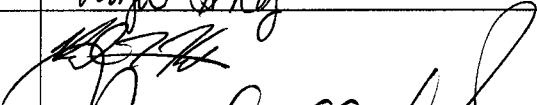

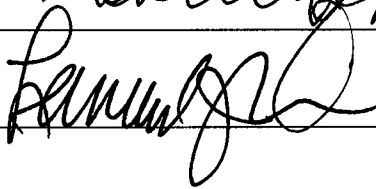
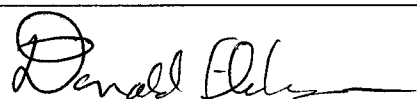
Proposal Title: Minor Curriculum Clean-up- Secondary Education M. Ed.

Initiating Unit or Individual: SOE

Contact Person's Name: Liza Ing e-mail: ingl@ferris.edu phone: x5362

Date or Semester of Proposal Implementation: SPRING 2008

- 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		3/20/07	4 Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Faculty		3/20/07	11 Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Head		3/20/07	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Curriculum Committee		4-23-07	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean		5/1/07	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee		9/12/07	<input checked="" 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		9/13/07	<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.

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

FORM A CONT.

1. Proposal Summary

This is a change in the contact hours for EDUC 502. When the course was reconfigured in 2004 the contact hours had been changed inadvertently to state all lecture. This course is and always has been a Field Experience course that requires one hour of lecture per week along with experience in the field.

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	502	Pre-Teaching Field Experience

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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MODIFY COURSE

Course Date Entry Form

FORM F
Modify Course
rev. 2/14/05

I. ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE

Notes:

- 0. Complete all parts of sections I and II; complete only those items in section III that represent changes.
- 0. 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:

b. Term Effective: Semester Year See instructions.

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

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/week Seminar: hr/week

d. Full Course Title:

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)

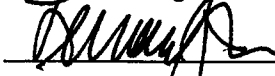
m. May Be Repeated for Added Credit: Check (x) Yes No

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:

 9/12/07

Academic Affairs Approval Signature/Date:

 9/12/07

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 ___]

