

**PROPOSAL SUMMARY AND ROUTING FORM**



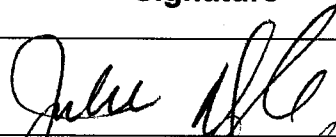
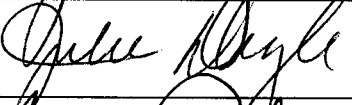
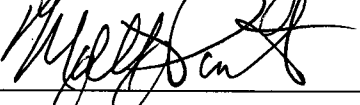

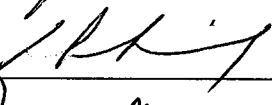
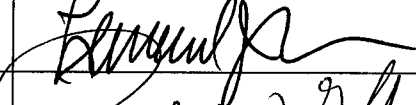
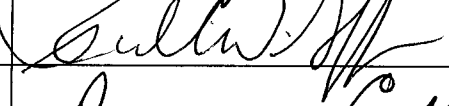

**Proposal Title:** Special Event & Meeting Planning Certificate

**Initiating Unit or Individual:** Hospitality Programs

**Contact Person's Name:** Julie Doyle e-mail: doylej@ferris.edu phone: 591-2385

**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		10/17/06	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Faculty		10/18/06	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Head		10-18-06	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Curriculum Committee		11/2/06	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean		11/17/06	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee		11/30/06	<input checked="" type="checkbox"/> Support 7-0 <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Senate		11/30/06	<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Academic Affairs		11/30/06	<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)

## FORM A CONT.

### 1. Proposal Summary

The Special Event & Meeting Planning certificate is designed to provide meeting and event planning professionals as well as those entering the field the skills and foundation of knowledge that is needed to excel in this multi-billion dollar industry. This certificate would be available and marketed to all audiences.

**Need:** The need for this certificate comes from the changes in industry. With all of the meeting markets (association, corporate, social, military, educational, religious and fraternal) and conferences that are held that include special events and meetings in every town, city and state, as well as that every major city has a convention center has created the need for professionals in the industry.

**Market:** We have had a tremendous out cry from our current students as well as inquiries from potential transfers, FTIAC's , and industry to specialize in special events and meeting planning. This fall we now have a new RSO student chapter of PCMA, Professional Convention Management Association. Hospitality Program students, College of Business majors, as well as all on campus as well as off campus individual are candidates for this certificate.

**Classes in the Certificate:**

RFIM 204 Food and Beverage Operations in Clubs

RFIM 229 Dining Room Management

HOMT 305 Event Planning

HOMT 401 Special Event Planning

### 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
HOMT	305	Event Planning

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

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
<b>RFIM</b>	<b>204</b>	<b>Food and Beverage Operations in Clubs</b>
<b>RFIM</b>	<b>229</b>	<b>Dining Room Management</b>
<b>HOMT</b>	<b>305</b>	<b>Event Planning</b>
<b>HOMT</b>	<b>401</b>	<b>Special Event Planning</b>

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

<b>Prefix</b>	<b>Number</b>	<b>Title</b>
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\*Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.

# Ferris State University

## Sports, Entertainment and Hospitality Management Department Special Event & Meeting Planning Certificate– 12 Credits

**NAME:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **MAJOR:** \_\_\_\_\_

REQUIRED	COURSE TITLE - PREREQUISITES SHOWN IN BRACKETS ( )	S/H	GRADE
<b>REQUIRED COURSES – 12 Credits Required</b>			
RFIM	204 Food and Beverage Operations in Clubs	3	
RFIM	229 Dining Room Management	3	
HOMT	305 Event Planning	3	
HOMT	401 Special Event Planning (HOMT 305 )	3	

In consultation with Hospitality Programs coordinator, the student will complete certificate checksheet. Signatures of the student and Hospitality Programs coordinator are required.

1. The completed checksheet will be forwarded to the Sports, Entertainment and Hospitality Management Department Chair for approval. The approved checksheet will then be forwarded to Student Records in the College of Business.
2. Grades of the completed courses for the certificate will be posted on the student's checksheet.
3. Upon completion of the certificate the student will notify the Graduation Secretary in the College of Business, BUS 200.

**NOTE:** No more than 50% of the credits in this certificate may be transferred from another institution, nor, will this certificate be granted if more than 50% of the certificate credits are specifically required in the students major.

### NOTICE REGARDING WITHDRAWAL, RE-ADMISSION AND INTERRUPTION OF STUDIES

Students who return to the university after an interrupted enrollment (not including summer semester) must normally meet the requirements of the curriculum which are in effect at the time of their return, not the requirements which were in effect when they were originally admitted.

**NOTE:** A 2.00 GPA is required for completion of the Special Event & Meeting Planning Certificate.

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_