**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title:** Prerequisite Change DHYG 122

**Initiating Unit or Individual:** DHYG  
**Contact Person's Name:** Theresa A Raglin  
**e-mail:** raglint@ferris.edu  
**phone:** 2312

- [ ] 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
- [x] Group II - A – Minor curriculum clean-up and course changes
- [ ] Group II - B – New Course
- [ ] Group III - Certificates
- [ ] Group IV – Off-Campus Programs

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* 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.

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**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.)
   Prerequisite for DHYG 122 changed to reflect first semester professional sequence and admission to Dental Hygiene program.

2. Summary of All Course Action Required*
   a. Newly Created Courses to FSU:
      Prefix   Number   Title
   
   b. Courses to be Deleted From FSU Catalog:
      Prefix   Number   Title

   c. Existing Course(s) to be Modified:
      Prefix   Number   Title
      DHYG   122    Dental Radiography

   d. Addition of existing FSU courses to program
      Prefix   Number   Title

   e. Removal of existing FSU courses from program
      Prefix   Number   Title

*Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.
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): Prerequisite Change

b. Term Effective (6 digit code only): 200908 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: DHYG

b. Number: 122

c. Enter Contact Hours per week in boxes.

LECt  2
LAB  2
INDependent Study – Check (x) ☐
Practicum: ☐
Seminar: ☐

d. Course Title: Dental Radiography

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: 
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. Admission to Dental Hygiene Professional Sequence.

UCC Chair Signature/Date: 

Academic Affairs Approval Signature/Date: 3/13/09

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 ___
Ellen - pls sign & send directly to Don. Previous form A for Sono courses signed & sent.

Theresa Raglin/FSU
06/19/2009 09:46 AM

To Theresa Raglin/FSU@FERRIS
cc
bcc

Subject Re: Changing prerequisites

Give me a form A signed by you and Ellen and form Fs (modify) showing the changes to be made.

Theresa Raglin/FSU
06/18/2009 03:20 PM

To Donald Flickinger/FSU@FERRIS
cc

Subject Changing prerequisites

Don,

TWO SONO
ONE DHYG

I need to correct the prerequisites listed for three of my first semester courses. Do we need to go through a curriculum revision to change the prerequisites?

Theresa A. Raglin, RDH, MEd
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College of Allied Health Sciences
Ferris State University
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Big Rapids, MI 49307
231.591.2312
231.591.2325(FAX)