PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Create Course – Independent Study

Initiating Unit or Individual: Marketing Department
Contact Person’s Name: Kay Anderson  e-mail: andersok@ferris.edu  phone: 2426
Date or Semester of Proposal Implementation: Summer 2010

☐ 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

<table>
<thead>
<tr>
<th>Group/Individual</th>
<th>Signature</th>
<th>Date</th>
<th>Vote/Action *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Faculty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department Faculty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department Head</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College Curriculum Committee</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dean</td>
<td></td>
<td>3/29/10</td>
<td>Support</td>
</tr>
<tr>
<td>University Curriculum Committee</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senate</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Affairs</td>
<td></td>
<td>3/21/10</td>
<td>Support</td>
</tr>
</tbody>
</table>

* 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)

VPAA
MAR 31 2010
PROVOST
1. Proposal Summary

Create the course for independent study for Junior-level Statistics courses/students.

2. Summary of All Course Action Required*

   a. Newly Created Courses to FSU:
      Prefix   Number   Title
      ECOM     397      Independent Study in E-Commerce Marketing - 300 level

   b. Courses to be Deleted From FSU Catalog:
      Prefix   Number   Title

   c. Existing Course(s) to be Modified:
      Prefix   Number   Title

   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: CREATE A NEW COURSE

Note: 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: Semester Summer Year 2010 See instructions.

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

Course Prefix Number Enter Contact Hours per week in boxes.
ECOM 397 LECTure [ ] LAB [ ] INDependent Study – Check (x) [ ]
Practicum: [ ] Seminar: [ ]

Full Course Title: Special Studies in ECOM
Abbreviated Course Title: Special Studies in ECOM.
(abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)
Semester(s) Offered: FWS (See instructions for listing.) Max. Section Enrollment : 5

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.
Type: [x] Variable [ ] Fixed Maximum Credit Hours [ ] Minimum Credit Hours [ ]

Grade Method: Check (x) [x] Normal Grading [ ] Credit/No Credit only (Pass/Fail)
May Be Repeated for Added Credit: Check (x) [ ] Yes [x] No
Levels: Check (x) [x] Undergraduate [ ] Graduate [ ] Professional

Does proposed new course replace an equivalent course? Check (x) [ ] Yes [x] No
Equivalent course: Prefix [ ] Number [ ] See instructions on Replacement courses.

CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.
Special Studies in E-Commerce Marketing – 300 level
Prerequisites: (if no prerequisites, write “None”) Limited to 60 spaces. None.

UCC Chair Signature/Date: ____________________________ 1 1

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 ___ ]