# PROPOSAL SUMMARY AND ROUTING FORM

**Proposal Title:** Clean-up- EDUC Undergraduate Internships

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 2009**

- 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

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<th>Date</th>
<th>Vote/Action *</th>
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* Support with Concerns or Not Support must include a list of concerns.

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To be completed by Academic Affairs

President (Date Approved)  Board of Trustees (Date Approved)  President's Council (Date Approved)

VPAA
JAN 25 2010
PROVOST
FORM A CONT.

1. Proposal Summary
   There are several internship courses that are listed in the University catalog, two of which have not been offered for at least 10 years. The third requires some minor revisions based on changes related to the ratio of actual work hours to credited hours from the Michigan Department of Education.

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
      EDUC   392     Cooperative Non-Wage Earning Work Exp.
      EDUC   393     Training in Business & Industry Work Exp.

   c. Existing Course(s) to be Modified:
      Prefix  Number  Title
      EDUC   391     Cooperative Work Internship

   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.
DELETE COURSE

Course Date Entry Form
Delete Course
rev. 2/14/05

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Semester Spring Year 2010 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix  b. Number  c. Enter Contact Hours or check Independent Study (X).
   EDUC           392         LECTure hr/week LAB hr/week INDependent Study
   Practicum: 3 hr/semester Seminar: hr/week

d. Full Course Title: Cooperative Non-wage Work Experience

UCO Chair Signature/Date:                        Academic Affairs Approval Signature/Date:

Office of the Registrar use ONLY

Date Received:    Date Completed:    Entered: SIS [125 __, 1D4 __ 12R __ 131 __]
DELETE COURSE

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.

a. Term Effective: Semester Spring Year 2010 See instructions.

II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix b. Number c. Enter Contact Hours or check Independent Study (X).
EDUC 393 LECTure hr/week LAB hr/week INDependent Study □
Practicum: 3 hr/semester Seminar: □ hr/week

d. Full Course Title: Training in Business-Industry Work Experience

UGO Chair Signature/Date:  
Academic Affairs Approval Signature/Date:  

Office of the Registrar use ONLY

Date Received: Date Completed: Entered: SIS [125 , 1D4 12R 131 ]
MODIFY COURSE

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 are being changed, use 'Delete Course' and 'New Course' forms rather than this form.

a. List the changes to be made: Course title, description and semester offered

b. Term Effective: Semester Spring Year 2010 See instructions.

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

a. Course Prefix EDUC b. Number 391 c. Enter Contact Hours per week in boxes or check Independent Study (X).

LECTure hr/week LAB hr/week INDependent Study
Practicum: 4 hr/week Seminar: hr/week

d. Full Course Title: Cooperative Work Internship

III. PROPOSED CHANGES: Complete only those boxes that represent proposed changes in the course. Leave all other spaces blank.

a. Course Prefix Number

b. 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: Work Experience Internship

e. Abbreviated Course Title: (Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)

f. Semester(s) Offered: Summer (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)

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

m. Levels: Check (x) Undergraduate Graduate Professional

o. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

Paid work experience in the students Career/Technical teaching specialty (minimum of 18 and a maximum of 40 hours per week). Internship will be approved for 4 credits (250 hours per semester) or 8 credits (500 hours per semester) for a maximum of 8 credits.

p. Prerequisites: (if no prerequisites, write “None”) Limited to 60 spaces.

UCC Chair Signature/Date: 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 12R 131]