FORM A
Michigan College of Optometry

Revised 05/08/2009

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Optometry curriculum Pre-requisite cleanup

Initiating Unit or Individual: Nancy Peterson-Klein – Michigan College of Optometry
Contact Person's Name: Nancy Peterson-Klein  e-mail: peterson@ferris.edu  phone:  x3703
Date or Term of Proposal Implementation: 201005
☐ 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
☐ 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>Group/Individual</th>
<th>Signature</th>
<th>Date</th>
<th>Vote/Action *</th>
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</tbody>
</table>

* 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.

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.)

In 2004, the MCO submitted and was approved for a major curriculum revision. The rationale for these changes was included in the curriculum proposal at that time. In 2005, we submitted a small additional revision as part of that curriculum initiative.

The 2007 proposal involved minor changes and “cleanup” of the “new” curriculum. These changes were necessitated by:

1) changes in the scheduling of Part 1 of the National Board of Examiners in Optometry (NBEO) test, which was moved to a later date, and a major revision of the content of the exam(s), Parts I, II, and III. These changes necessitated the re-designation of some of our courses, which, in turn gave students more opportunity to prepare for the examination, and also lightened what was a rather “overloaded” semester during the 2nd and 3rd years.

2) changes in the constantly evolving profession of optometry, which, with the increased aging population, needed to augment and expand the preparation that our students receive to manage competently with the new demographic. In this regard, we instituted a specific course in gerontology during the summer semester of the 3rd year. At the same time, a capstone course in basic science was deleted, since this material is de-emphasized in the new test administration.

3) internal inconsistencies in our course numbering system. Our students undergo a transition from 3rd to 4th year in the summer following the 3rd year. Our numbering system in the summer following the 2nd year has those courses as 2nd year courses. We renumbered the summer courses after the 2nd year to reflect a transition to the 3rd year.

The current proposal involves “cleanup” of OPTM course prerequisites that were missed in the 2007 proposal as part of the renumbering of courses.

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
OPTM 854 Clinical Practice 1
OPTM 855 Clinical Practice 2
OPTM 856 Clinical Practice 3
OPTM 630 General Pathology
OPTM 635 Neuroanatomy & Neurophysiology
OPTM 741 Developmental & Behavioral Optometry
OPTM 752 Optometry Clinic 3-1
OPTM 638 General & Ocular Pharmacology
d. Addition of existing FSU courses to program
Prefix   Number   Title

e. Removal of existing FSU courses from program
Prefix   Number   Title
3. Summary of All Consultations

<table>
<thead>
<tr>
<th>Form Sent (B or C)</th>
<th>Date Sent</th>
<th>Responding Dept.</th>
<th>Date Received &amp; by Whom</th>
</tr>
</thead>
</table>

4. Will External Accreditation be Sought? (For new programs or certificates only)

________ Yes  _________ No

If yes, name the organization involved with accreditation for this program.

5. Program Checksheets affected by this proposal.
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): [Box]

b. Term Effective (6 digit code only): 201005 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 b. Number c. Enter Contact Hours per week in boxes.
   OPTM 854
   LECTure LAB INDependent Study – Check (x)☐ Practicum: ☐ Seminar: ☐

d. Course Title: Clinical Practice

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 Enrolment:

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces. OPTM753

UCC Chair Signature/Date: 1/1

Academic Affairs Approval Signature/Date: 3/15/07

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 Rec'd: Date Completed: Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ____
I. ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE
Notes:
1. Complete all parts of Sections I and III; 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):
   b. Term Effective (6 digit code only): 201008 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: OPTM  
   b. Number: 855
   c. Enter Contact Hours per week in boxes.
      LECTure 40  INDependent Study – Check (x) □
      Practicum: 10  Seminar: □
   d. Course Title: Clinical Practice 2

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. OPTM 753

UCC Chair Signature/Date: 1/1
Academic Affairs Approval Signature/Date: 3/1/10

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

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a. List the changes to be made (See Proposed Changes a through p below):  □

b. Term Effective (6 digit code only):  □ 201101  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  □ OPTM  b. Number  □ 856  c. Enter Contact Hours per week in boxes.
      LECTure  □  LAB  □  INDependent Study – Check (x) □
      Practicum:  □  40  Seminar:  □
   d. Course Title:  □ Clinical Practice 3

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  □
      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.  □ OPTM 753

UCC Chair Signature/Date:  □  Academic Affairs Approval Signature/Date:  □

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code
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a. List the changes to be made (See Proposed Changes a through p below):

b. Term Effective (6 digit code only): 201008 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 b. Number c. Enter Contact Hours per week in boxes.
   OPTM 630
   LECTure 4 LAB INDependent Study – Check (x) ☐
   Practicum: ☐ Seminar: ☐

d. Course Title: General Pathology

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. OPTM 538

UCC Chair Signature/Date: 1/1

Academic Affairs Approval Signature/Date: 1/1

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   a. List the changes to be made (See Proposed Changes a through p below): [ ]
   b. Term Effective (6 digit code only): 201008 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 [OPTM]
   b. Number 635
   c. Enter Contact Hours per week in boxes.
     LECTure [ ] LAB [ ] INDependent Study – Check (x) [ ]
     Practicum: [ ] Seminar: [ ]
   d. Course Title: Neuroanatomy & Neurophysiology
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. [OPTM 538]

UCC Chair Signature/Date: [ ] 1/1

Academic Affairs/Approval Signature/Date: [ ] 2/14/10

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

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

a. Course Prefix

b. Number

OPTM 741

C. Enter Contact Hours per week in boxes.

LECTure 3 LAB 2 INDependent Study – Check (x)

Practicum:  

Seminars:  

d. Course Title: Developmental & Behavioral Pediatric Optometry

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

Optm 741

c. Enter Contact Hours per week in boxes.

LECTure 3 LAB 2 INDependent Study – Check (x)

Practicum:  

Seminars:  

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. OPTM741

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

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

a. Course Prefix
b. Number
   OPTM 752
   LECTure 2  LAB 15  INDependent Study – Check (x) □
   Practicum: □  Seminar: □

d. Course Title: OPTOMETRY CLINIC 3-1

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

   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.)

   OPTM 751

   OPTM 735, OPTM 746, OPTM 749

   OPTM 751

   OPTM 735, OPTM 746, OPTM 749

   OPTM 751

   OPTM 735, OPTM 746, OPTM 749

UCC Chair Signature/Date: 1/1

Academic Affairs Approval Signature/Date: 1/1

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

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a. List the changes to be made (See Proposed Changes a through p below):

b. Term Effective (6 digit code only): 201101 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
b. Number
OPTM
759

Optimum

LECture
LAB 2
INDependent Study – Check (x)

Practicum:
Seminar:

d. Course Title: Clinical Problem Solving 3

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

Optimum
759

Optimum

LECture
LAB 2
INDependent Study – Check (x)

Practicum:
Seminar:

d. Course Title: (Limit to 30 characters/spaces.)

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

k. Levels: Check (x) □ Undergraduate □ Graduate □ Professional

l. Grade Method: Check (x) □ Normal Grading

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. OPTM758

UCC Chair Signature/Date: 1/1

Academic Affairs Approval Signature/Date: 3/9/07

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code

- Basic Skill (BS)
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Office of the Registrar use ONLY

Date Rec'd: Date Completed: Entered: SCACRSE □ SCADET □ SCARRES □ SCAPREQ
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b. Term Effective (6 digit code only): 201101 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
b. Number

OPTM 638

LECTure   LAB    INDependent Study – Check (x) [ ]
Practicum: [ ]  Seminar: [ ]

d. Course Title: General & Ocular Pharmacology

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

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

I. 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 Enrolment: [ ]

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces. OPTM 530

UCC Chair Signature/Date:  1/1

Academic Affairs Approval Signature/Date:  3/4/13

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code
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Date Rec'd: [ ] Date Completed: [ ] Entered: SCACRSE ___ SCADTL ___ SCARRES ___ SCAPREQ ___
Jo,

Thanks for responding so quickly to my phone call and email. Please find attached the completed forms that you suggested in your original email, including form Fs for each course and a completed Form A.

Let me know if all forms are correct and what are the next steps in the process to complete the prerequisite changes. Optometry does not use check-sheets since there is only one sequence for a student to complete the curriculum. Please advise when I should send you a hard-copy of these forms.

Thanks again.

Nancy

Nancy Peterson-Klein, OD, FAAO
Associate Dean
Michigan College of Optometry
Ferris State University
1310 Cramer Circle
Big Rapids, MI 49307
PH: 231-591-3703

--- Forwarded by Nancy Peterson-Klein/FSU on 03/04/2010 02:47 PM ---
FYI - Karen is good with the changes so I am good with Jo's process.

----- Forwarded by Donald Flickinger/FSU on 03/03/2010 11:34 AM -----

Don:
Nancy's request will just formalize current practice and will not impact our load/scheduling.

Although I wasn't involved at the time, I believe the move from our 300 level Anatomy and Physiology to OPT 537-538 occurred when these courses were created (or at least revived). The switch may have been approved through UCC in the Form A for these (OPT 537/538) courses.

Thank you for checking with me,
Karen

Karen Strasser, Ph.D.
Academic Department Head
Biological Sciences
Ferris State University
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Big Rapids, MI 49307

Phone: 231-591-2543
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Donald Flickinger
Do the optometry prereq changes below have an impact on your class schedul... 03/03/2010 08:06:47 AM

Donald Flickinger, MM> Fw: Incorrect Prerequisite numbers for updated optometry curriculum
Associate Provost
Ferris State University
1201 South State Street
CSS 310
Big Rapids, MI 49307
Phone: 231.591.2553
Do the optometry prereq changes below have an impact on your class scheduling and load?

--- Forwarded by Donald Flickinger/FSU on 03/03/2010 08:05 AM ---

From: Joanne Gerst/FSU
To: Nancy Peterson-Klein/FSU@FERRIS, Donald Flickinger/FSU@FERRIS
Cc: Colleen A Olson/FSU@FERRIS
Date: 03/03/2010 07:46 AM
Subject: Re: Incorrect Prerequisite numbers for updated optometry curriculum

Hi Nancy,

These changes need to be made using one Form A for the group and a separate Form F for each change.

Don,
Should she also process a Form B to notify the Biology Department they will no longer be using BIOL 332? And does that mean these changes have to go through UCC? And what about check sheet updates?

Joanne Gerst
Associate Registrar
Ferris State University
Big Rapids, MI 49307
231.591.2794 office
231.591.2242 fax

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Nancy Peterson-Klein/FSU

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Nancy Peterson-Klein/FSU
03/02/2010 10:27 AM

To: Joanne Gerst/FSU@FERRIS
cc: Colleen A Olson/FSU@FERRIS
Subject: Incorrect Prerequisite numbers for updated optometry curriculum

Hello Jo,

Donald Flickinger, MM> Fw: Incorrect Prerequisite numbers for updated optometry curriculum
Associate Provost
Ferris State University
1201 South State Street
CSS 310
Big Rapids, MI 49307
Phone: 231.591.2553
The following courses do not have the correct **prerequisite** courses for the MCO curriculum:

**Summer:**

Clinical Practice 1 - OPTM 854 should be OPTM 753 not OPTM 683

**Fall:**

Clinical Practice 2 - OPTM 855 should be OPTM 753 not OPTM 683

General Pathology - OPTM 630 should OPTM 538 not BIOL 332

Neuroanatomy - Neurophysiology - OPTM 635 should be OPTM 538 not BIOL 332

Dev-Behavioral Pediatric OPT - OPTM 741 should be OPTM 746 not OPTM 646

Optometry Clinic 3-2 - OPTM 752 should be OPTM 735 (not 639), should be 746 (not 646), should be 749 (not 649) and 751 (not 651)

**Spring:**

General -Ocular Pharmacology - OPTM 638 should be OPTM 530 not PHCH 320

Clinical Problem Solving 3 - OPTM 759 should be OPTM 758 not OPTM 658

Clinical Practice 3 - OPTM 856 should be OPTM 753 not OPTM 683

I left you a voice mail today. What should I do next to update these prerequisites for the courses. Should I complete a Form F - Modify an existing course for each and forward to you??

Thanks for your help in cleaning up these numbers.

Nancy

Nancy Peterson-Klein, OD, FAAO
Associate Dean
Michigan College of Optometry
Ferris State University
1310 Cramer Circle

Donald Flickinger, MM> Fw: Incorrect Prerequisite numbers for updated optometry curriculum
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