# Proposal Summary and Routing Form

**Proposal Title:** Modify Prerequisites to RELG 425

**Initiating Unit or Individual:** Dr. David Aiken, Dept. of Humanities, JOH 122  
**Contact Person's Name:** Dr. David Aiken e-mail: aikend@ferris.edu phone: x3615  
**Date or Term of Proposal Implementation:** Fall 2010  
- [ ] 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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<tr>
<th>Group/Individual</th>
<th>Signature</th>
<th>Date</th>
<th>Vote/Action *</th>
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<tbody>
<tr>
<td>Program or Academic Unit Faculty</td>
<td></td>
<td>12/2/09</td>
<td>Support</td>
</tr>
<tr>
<td>Department Faculty</td>
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<td>11/25/09</td>
<td>Support</td>
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<tr>
<td>Department Head</td>
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<td>12/7/09</td>
<td>Support</td>
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<tr>
<td>College Curriculum Committee</td>
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<td>1/26/10</td>
<td>Support</td>
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<td>2/11/10</td>
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<td>University Curriculum Committee</td>
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<td>2/18/10</td>
<td>Support</td>
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<td>Senate</td>
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<td>2/19/10</td>
<td>Support</td>
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<tr>
<td>Academic Affairs</td>
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<td>2/18/10</td>
<td>Support</td>
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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**

<table>
<thead>
<tr>
<th>President (Date Approved)</th>
<th>Board of Trustees (Date Approved)</th>
<th>President's Council (Date Approved)</th>
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**VPAA**  
**FEB 11 2010**  
**PROVOST**
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.)
Currently, RELG 425 has the following pre-requisites: RELG 215, 325, 326 and ENGL 250. That phrasing forces students to have completed all of the courses prior to taking RELG 425. It is believed that having so many prerequisites has hurt enrollment in the course. Thus, we are requesting a change in language to read "ENGL 250 and either RELG 215, or RELG 325, or RELG 326."

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
      RELG     425      Christianity
   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>
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<tr>
<th>Form Sent (B or C)</th>
<th>Date Sent</th>
<th>Responding Dept.</th>
<th>Date Received &amp; by Whom</th>
</tr>
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<tbody>
<tr>
<td>Not applicable</td>
<td></td>
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</tbody>
</table>

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

__________ Yes __________ X____ No

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

5. Program Checksheets affected by this proposal.

Religious Studies Minor
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): □

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: RELG  
   b. Number: 425  
   c. Enter Contact Hours per week in boxes. 
   LECTure □  LAB □  INDependent Study – Check (x) □  
   Practicum: □  Seminar: □

   d. Course Title: Christianity

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. ENGL 250 and either RELG 215, RELG 325, or RELG 325

UCC Affirm Signatures/Date: 2-14-10  Academic Affairs Approval Signature/Date: 2-1-10

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

Office of the Registrar use ONLY

Date Rec’d: □  Date Completed: □ Entered: SCACRSE □ SCADET □ SCARRES □ SCAPREQ □