# PROPOSAL SUMMARY AND ROUTING FORM

**Proposed Title:** COAS 497: Integrative Studies Independent Study

**Initiating Unit or Individual:** College of Arts and Sciences

**Contact Person's Name:** Roxanne Cullen  
e-mail: cullenr@ferris.edu  
phone: 2713

**Date or Term of Proposal Implementation:**

- [ ] 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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* 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)**

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**VPAA**  
**JUL 9 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.)

Because the Integrative Studies degree is highly individualized, on occasion students may wish to pursue special studies of an integrative nature. The special studies option would also allow for students to take COAS 497 independently when necessary.

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:
   Prefix   Number   Title
   COAS     497      Special Studies

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
3. Summary of All Consultations

| Form Sent (B or C) | Date Sent | Responding Dept. | Date Received & by Whom |

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.
CREATE NEW COURSE
Course Data Entry Form
Rev. 07/23/07

I. ACTION TO BE TAKEN: CREATE A NEW COURSE

Notes
1. Complete each item in Section I and Section II.
2. 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 (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. PROPOSED FOR NEW COURSE: Complete all sections a through r. See manual for clarification.

a. Course Prefix: COAS  b. Number: 497  c. Enter Contact Hours per week in boxes.
   LECTure  LAB  INDependent Study – Check (x)  Practicum: x  Seminar:

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

   e. College Code: CAS  f. Department Code: none
   Credit Hours: Check (x) and enter maximum and minimum hours in boxes

   g. Type: x Variable  x Fixed  h. Minimum Credit Hours: 1  i. Maximum Credit Hours: 4

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

   k. Levels: Check (x)  Undergraduate  Graduate  Professional

   l. Grade Method: Check (x)  Normal Grading  Credit/No Credit only (Pass/Fail)

   m. Does proposed new course replace an equivalent course? Check (x)  Yes  x No

   n. Equivalent course: Prefix  Number  See instructions on Replacement courses.

   o. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.
   This special studies course has been designed to allow students to work closely with a
   faculty member to pursue a topic of specialized interest. Topics for study and project
   requirements will be negotiated jointly between the faculty member and the student.
   Typically Offered On p. Term(s) Offered: F,S,S (See instructions for listing.)  q. Max. Section
   Enrollment:

   r. Prerequisites/Co-requisites/Restrictions: (If none, leave blank.) Limited to 100 spaces. Senior status.

   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 Rec'd:  Date Completed:  Entered: SCACRSE  SCADTL  SCARRES  SCAPREQ
College of Arts and Sciences

July 8, 2010

TO:  Don Flickinger, Associate Vice President of Academic Affairs
     Meral Topcu, Chair, College Curriculum Committee

FR:  Reinhold Hill, Interim Dean

RE:  COAS 497: Integrative Studies Independent Study

Enclosed for your information is the proposal for COAS 497: Integrative Studies Independent Study which I have approved to be offered Spring 2011 by the College of Arts and Sciences Dean’s Office.

Thank you.

Cc:  Roxanne Cullen
     Carrie Franklund