### Proposal Summary and Routing Form

**Proposal Title:** EDCD 205 - Reduce course cap  

**Initiating Unit or Individual:** School of Education  
**Contact Person’s Name:** Liza Ing  
**e-mail:** ingl@ferris.edu  
**phone:** x5362  
**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  
- [ ] 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 Faculty</td>
<td>Deane Fleming</td>
<td>5/17/10</td>
<td>Support</td>
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<td>Department Faculty</td>
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<td>Support with Concerns</td>
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<td>Department Head</td>
<td>Slauz Sing</td>
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<td>Academic Affairs</td>
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<td>Support with Concerns</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.*

**To be completed by Academic Affairs**

<table>
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<tr>
<th>President (Date Approved)</th>
<th>Board of Trustees (Date Approved)</th>
<th>President’s Council (Date Approved)</th>
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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.)

   EDCD 205 Computer Applications for Children, has a current cap of 25 students. Prior to going to Banner, this course had been capped at 15 due to the computer lab capacity in Bishop Hall. It is unlikely that this lab could be expanded to accommodate any more than that. Due to specific software and other programs required for this class, it is unfeasible to move this class to a different computer lab on campus. The course only runs once a year so programs are usually wiped from lab computers which means that every year we would have to reload a lab with the software and programs needed for this course. If we continue to use the Bishop lab then programs do not need to be wiped from the lab computers.

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
   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: 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 Cap

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

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

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes or check Independent Study (X).
EDCD 205 Lecture hr/week Lab hr/week INDependent Study
Practicum: hr/week Seminar: hr/week

d. Full Course Title: Computer Applications for Children

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

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes or check Independent Study (X).
Lab hr/week INDependent Study
Practicum: hr/semester Seminar: hr/week

d. Full Course Title: 

Abbreviated Course Title: (Abbreviate only if necessary. Use Arabic numerals. Limit to 26 characters and spaces.)
f. Semester(s) Offered: (See instructions for listing.) g. Max. Section Enrollment: 15

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

n. Levels: Check (x) Undergraduate Graduate Professional

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

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

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

Tc 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]