PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: ISIN 397 Independent Study Course

Initiating Unit or Individual: AFIS
Contact Person’s Name: Clyde Hardman  e-mail: hardmanc@ferris.edu phone: 591-2822
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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* 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)

VPAA
SEP 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.)

This new course is added to give ISI student opportunities to work with Faculty members to pursue a topic of specialized interest.

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:
   Prefix    Number    Title
   ISI5      397       Special Studies in ISI

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.
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): **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. PROPOSED FOR NEW COURSE: Complete all sections a through r. See manual for clarification.

a. Course Prefix  
   **ISIN**

b. Number  
   397

3. Enter Contact Hours per week in boxes.

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

d. Course Title: **Special Studies in ISIN**
(Limit to 30 characters/space.)

e. College Code: [COB]  
f. Department Code: [AFIS]
Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type: [ ] Variable  [x] Fixed h. Minimum Credit Hours [ ] I. Maximum Credit Hours [ ]  
   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. Does proposed new course replace an equivalent course? Check (x) [ ] Yes  [ ] 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.**
p. Term(s) Offered: [Fall, Spring, Summer]  
   (See instructions for listing.)
q. Max. Section: Enrollment: [25]
r. Prerequisites/Co-requisites/Restrictions: (If none, leave blank.) Limited to 100 spaces. **Faculty Advisor approval.**

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

Date Rec’d: ____ Date Completed: ____ Entered: SCACRSE __ SCADTL __ SCARRES __ SCAPREQ __