PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Revision of Official Cap for ACCT 491 (Accounting Internship)

Initiating Unit or Individual: AFIS Department
Contact Person’s Name: Jim Woolen  e-mail: wooleni@ferris.edu phone: Extension 2436
Date or Term of Proposal Implementation: Spring 2012

- 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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<td>Program Faculty</td>
<td>James Woolen</td>
<td>12/11</td>
<td>Support, Support with Concerns, Not Support</td>
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<td>Department Faculty</td>
<td>James Woolen</td>
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<td>Department Head</td>
<td>James Woolen</td>
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<td>College Curriculum Committee</td>
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<td>Senate</td>
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<td>Academic Affairs</td>
<td>Donald Dulan</td>
<td>12/1/11</td>
<td>Support, Support with Concerns, Not 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.

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.)

Official cap for this course is currently set at “0”. College of Business dean has requested that official cap be set at “15”.

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

ACCT 491 Accounting Internship

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

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

    N/A

5. Program Checksheets affected by this proposal.

    N/A
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): Change official cap to 15.
   b. Term Effective (6 digit code only): 201201 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.
      ACCT 491 LECTure LAB INDependent Study – Check (x)  
            Practicum: 1 - 6 Seminar:  
   d. Course Title: Accounting Internship

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.
   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: 15
   p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces.

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 SCADETL SCARRES SCAPREQ  

Rev. 07/23/07