### PROPOSAL SUMMARY AND ROUTING FORM

**Proposal Title:** Change Course Cap BIOL 207

**Initiating Unit or Individual:** Dr. Joseph Lipar  
**Contact Person's Name:** Dr. Joseph Lipar  
**e-mail:** lipari1@ferris.edu  
**phone:** 231-591-2660  
**Date or Term of Proposal Implementation:** Fall 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
- [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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<th>Signature</th>
<th>Date</th>
<th>Vote/Action *</th>
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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**

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<th>President (Date Approved)</th>
<th>Board of Trustees (Date Approved)</th>
<th>President's Council (Date Approved)</th>
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**VPAA**  
**DEC 1 2011**  
**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.)

The official cap for BIOL 207 (Forensic Biology) currently stands at 24. In recent years, the focus of the laboratory portion of BIOL 207 has changed, such that the majority of laboratory sessions require field trips to off-campus sites. These field trips require the use of university-owned vans, and the passenger limits on those vans dictate that a maximum of 18 students can travel together at any given time. Indeed, we have been using a cap of 18 for BIOL 207 for several semesters. This proposal will align the official cap with the cap that is used in practice.

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
BIOL 207  Forensic Biology

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>
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<td>B</td>
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<td>Criminal Justice</td>
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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.

5. Program Checksheets affected by this proposal.
CURRICULUM CONSULTATION FORM

To be completed by each department affected by the proposed change, new degree, new program, new minor, or new course. Potential duplication of coursework is reason for consultation.

1. This completed form must be forwarded with the proposal to the chair/head of the department to be consulted.

2. The department must respond within 20 calendar days of receipt of this form to insure inclusion in the final proposal. The completed form is returned to the initiator and inserted into the proposal.

   Failure to respond is interpreted as support for the proposal.

3. The Proposing Department must address any concerns raised by the department. This response will be in writing and be included in the proposal following the consultation form.

RE: Proposal Title  Change Course Cap BIOL 207

Initiator(s): Dr. Joseph Lipar

Proposal Contact: Dr. Joseph Lipar  Date Sent: _____

Department: Biological Sciences  Campus Address: ASC 2004
(Please print)

Responding Department: Criminal Justice

Chair/Head/Coordinator: Steve Reifert  Date Returned: _____

Based upon department faculty review on _____(date), we

☐ Support the above proposal.
☐ Support the above proposal with the modifications and concerns listed below.
☐ Do not support the proposal for the reasons listed below.

Comment regarding the impact this proposal has on scheduling, room assignments, faculty load, and prerequisites for your department. Use additional pages, if necessary.
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): 201208 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

Biol

b. Number

207

c. Enter Contact Hours per week in boxes.

LECture 3

LAB 3

INDependent Study – Check (x) ☐

Practicum: ☐

Seminar: ☐

d. Course Title: Forensic Biology

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: 18

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 ☐ SCACETL ☐ SCACRES ☐ SCAPREQ ☐