**PROPOSAL SUMMARY AND ROUTING FORM**

Proposal Title: **CDTD 221 (Course Capacity Change)**

Initiating Unit or Individual: Cad Drafting and Tool Design  
Contact Person’s Name: Larry Schult  
e-mail: schultl@ferris.edu  
phone: 231.591.2745  
Date or Term of Proposal Implementation: 201208

- ☐ 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  
MAR 1 2012  
PROVOST
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.

None
MODIFY COURSE FORM F
Course Data Entry Form
Modify Course
Rev. 07/23/07

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):
   - max. section enrollment

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: CDTD
   b. Number: 221
   c. Enter Contact Hours per week in boxes.
      LECTure [ ] LAB [ ] INDependent Study – Check (x) [ ]
      Practicum: [ ] Seminar: [ ]

d. Course Title: Mold Design

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: [16]

   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 SCADTL SCARRES SCAPREQ