### PROPOSAL SUMMARY AND ROUTING FORM

**Proposal Title:** Clean up to correct Banner error, revising CLLS 293 from 6 credits to 5 credits.

**Initiating Unit or Individual:** Clinical Laboratory Sciences program  
**Contact Person's Name:** Dan deRegnier  
**e-mail:** deregnd@ferris.edu  
**phone:** x2327  
**Date or Term of Proposal Implementation:** Summer 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>Group/Individual</th>
<th>Signature</th>
<th>Date</th>
<th>Vote/Action *</th>
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<td>Academic Affairs</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.)
   
   This proposal is a small clean up of CLLS 293 which currently exists incorrectly in Banner as a 6 credit course. This corrects the course to be 5 credits.

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
      CLLS       293       Applied Clinical Practicum 2

   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>Date Sent</th>
<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.

5. Program Checksheets affected by this proposal.
All program checksheets have been using the correct credits structure (5 credits) so no revision is necessary in this area.
MODIFY COURSE
Course Data Entry Form
FORM F
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): Correct the number of credits listed in Banner from 6 credits to 5 credits.

b. Term Effective (6 digit code only): 201205  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: CLLS
b. Number: 293

c. Enter Contact Hours per week in boxes.

LECture  LAB  INDependent Study – Check (x)
Practicum: 40
Seminar: 

d. Course Title: Clinical Experience 2 for MLT

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 5  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: 

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