**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title:** COURSE CAP CHANGE FOR MECH 250

**Initiating Unit or Individual:** MECHANICAL ENGINEERING TECHNOLOGY PROGRAM  
**Contact Person’s Name:** TOM HOLLEN  
**e-mail:** HOLLEN@FERRIS.EDU  
**phone:** X5282

**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

<table>
<thead>
<tr>
<th>Group/Individual</th>
<th>Signature</th>
<th>Date</th>
<th>Vote/Action *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Faculty/Committee</td>
<td>[Signature]</td>
<td>3/6/12</td>
<td>Support</td>
</tr>
<tr>
<td>School Committee</td>
<td>[Signature]</td>
<td>3/20/12</td>
<td>Support with Concerns</td>
</tr>
<tr>
<td>College Curriculum Committee</td>
<td>[Signature]</td>
<td>4/19/12</td>
<td>Support with Concerns</td>
</tr>
<tr>
<td>Dean</td>
<td>[Signature]</td>
<td>4/21/12</td>
<td>Support with Concerns</td>
</tr>
<tr>
<td>University Curriculum Committee</td>
<td>[Signature]</td>
<td></td>
<td>Support with Concerns</td>
</tr>
<tr>
<td>Senate</td>
<td>[Signature]</td>
<td></td>
<td>Support with Concerns</td>
</tr>
<tr>
<td>Academic Affairs</td>
<td>[Signature]</td>
<td>4/26/12</td>
<td>Support with Concerns</td>
</tr>
</tbody>
</table>

* 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)

---

**APR 26 2012**

PROVOST
1. Proposal Summary

We are proposing to change the official course cap from 30 to 16. The course requires that students work on specific equipment to complete their tasks and assignments; there is only enough equipment for (16) students in one section. Secondly, this reduction in course cap allows the faculty to better instruct the students on use of the equipment, which allows the students to complete their projects on time.

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
   MECH          250          FLUID POWER

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: 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  b. Number  c. Enter Contact Hours per week in boxes.
MECH  250  LECTure ☑  LAB ☑  INDependent Study – Check (x) ☐
Practicum: ☑  Seminar: ☑

d. Course Title: FLUID POWER

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: ☑

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 ☐

3