**College of Allied Health Sciences**
**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title:** Change Maximum Enrollment for DHYG 218

Initiating Unit or Individual: DHMU/Allied Health  
Contact Person’s Name: Theresa Raglin  
e-mail: raglin@ferris.edu  
phone: ext 2312  

- 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>
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</table>
| Program Faculty                       |                    | 1/5/12   | X Support  
|                                       |                    |          | Support with Concerns             |
|                                       |                    |          | Not Support                        |
| Department Faculty                    |                    | 1/5/12   | X Support  
|                                       |                    |          | Support with Concerns             |
|                                       |                    |          | Not Support                        |
| Department Head                       | Theresa A. Raglin  | 1/6/12   | X Support  
|                                       |                    |          | Support with Concerns             |
|                                       |                    |          | Not Support                        |
| College Curriculum Committee          |                    |          | Support  
|                                       |                    |          | Support with Concerns             |
|                                       |                    |          | Not Support                        |
| College Faculty                       |                    |          | Support  
|                                       |                    |          | Support with Concerns             |
|                                       |                    |          | Not Support                        |
| Dean                                  | Julie A. Coon      | 1/6/12   | X Support  
|                                       |                    |          | Support with Concerns             |
|                                       |                    |          | Not Support                        |
| University Curriculum Committee       |                    |          | Support  
|                                       |                    |          | Support with Concerns             |
|                                       |                    |          | Not Support                        |
| Senate                                |                    |          | Support  
|                                       |                    |          | Support with Concerns             |
|                                       |                    |          | Not Support                        |
| Academic Affairs                      |                    | 1/6/11   | X Support  
|                                       |                    |          | Support with Concerns             |
|                                       |                    |          | Not Support                        |

* 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.)

The cohort or class size for the Dental Hygiene program is 40. DHYG 218 was the only course not revised during the last major curriculum revision. This proposal request is to change the maximum enrollment in DHYG 218 from 60 to 40 students.

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
DHYG    218   Pharmacology for Dental Hygiene

d. Addition of existing FSU courses to program
Prefix   Number   Title

e. Removal of existing FSU courses from program
Prefix   Number   Title

*Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.
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): Maximum 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
   b. Number
   c. Enter Contact Hours per week in boxes.
      DHYG               218
      Lecture 2
      Lab
      Independent Study – Check (x) □
      Practicum: □
      Seminar: □

d. Course Title: Pharmacology for Dental Hygiene

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.

   Lect: □
   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: Fall (See instructions for listing.)

o. Max. Section Enrollment: 40

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 □