**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title:** Banner cap: ENGL 411  

**Initiating Unit or Individual:** Department of Languages & Literature  
**Contact Person’s Name:** Sandra J Balkema  
**e-mail:** balkemas@ferris.edu  
**phone:** x-3988  
**Date or Term of Proposal Implementation:** October 25, 2011  

- 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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<th>Group/Individual</th>
<th>Signature</th>
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<th>Vote/Action *</th>
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<td>Department Head</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.

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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 Banner cap and the course cap for English 411 differ from the other advanced and professional writing courses within the department’s writing curriculum. This proposal brings all of these caps into alignment.

Change: All 300-level (and above) writing courses should be capped at 23 students, based on department enrollment 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
   ENGL      411      Prof Technical Communication

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.

None – Banner change only.
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): 201201 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.
   ENGL 411 LECTure 3 LAB 1 INDependent Study – Check (x) ☐
   Practicum: ☐ Seminar: ☐

d. Course Title: Prof Technical Communication

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: 23

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: SCAERSE _ SCADETL _ SCARRES _ SCAPREQ _