**FORM A**

**College of Business**

**PROPOSAL SUMMARY AND ROUTING FORM**

Proposal Title: **GRDE 499 Course Clean-up - OFFICIAL CAP Change**

Initiating Unit or Individual: MKTG Department

Contact Person’s Name: **Jeff Ek, Mike Cooper**  e-mail: skj@ferris.edu  phone:  X2442

Date or Term of Proposal Implementation: Fall 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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<tr>
<th>Group/Individual</th>
<th>Signature</th>
<th>Date</th>
<th>Vote/Action *</th>
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</thead>
</table>
| Program Faculty                       |           | 11-15-11 | Support  
|                                       |           |        | - Support with Concerns           |
|                                       |           |        | - Not Support                      |
| Department Faculty                    |           | 11-15-11 | Support  
|                                       |           |        | - Support with Concerns           |
|                                       |           |        | - Not Support                      |
| Department Head                       |           | 11/13/11 | Support  
|                                       |           |        | - Support with Concerns           |
|                                       |           |        | - Not Support                      |
| College Curriculum Committee          |           | 12/14/11 | Support  
|                                       |           |        | - Support with Concerns           |
|                                       |           |        | - Not Support                      |
| Dean                                  |           | 14/11   | Support  
|                                       |           |        | - Support with Concerns           |
|                                       |           |        | - Not Support                      |
| University Curriculum Committee       |           |         | Support  
|                                       |           |        | - Support with Concerns           |
|                                       |           |        | - Not Support                      |
| Senate                                |           |         | Support  
|                                       |           |        | - Support with Concerns           |
|                                       |           |        | - Not Support                      |
| Academic Affairs                      |           | 1/2/11  | 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.

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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 Graphic Design program and Marketing Department are proposing changing the official cap for GRDE 499 Portfolio Preparation from 15 to 20. This change (a) aligns to current faculty loads required to support the demanding individual and group interactive pedagogy required to achieve industry-driven quality standards of GRDE 499; (b) optimizes capacity of current senior design center; (c) aligns with other senior level course caps.

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
GRDE   499 Portfolio Preparation

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 ______X____ No

If yes, name the organization involved with accreditation for this program.

5. Program Checksheets affected by this proposal.

No checksheet is 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): 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  b. Number  c. Enter Contact Hours per week in boxes.
   GRDE ____________  499 LECTure ☐ LAB ☐ INDependent Study – Check (x) ☐ Practicum: _________ Seminar: _________

   d. Course Title: Portfolio Preparation

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: 20

   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 _