**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title:** LANG 100: Italian for Business-Travel (catalog rev.)

Initiating Unit or Individual: **Dept of Lang & Lit**
Contact Person’s Name: **Sandy Balkema** e-mail: balkemas@ferris.edu phone: **ext. 2519**
Date or Term of Proposal Implementation: **Fall 2013**

- [ ] 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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<tr>
<td>Program or Academic Unit Faculty</td>
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<td>Department Faculty</td>
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<td>11/8/11</td>
<td>[x] Support</td>
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<td>Department Head</td>
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<td>College Curriculum Committee</td>
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<td>University Curriculum Committee</td>
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<td>Senate</td>
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<td>1/26/12</td>
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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.

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**To be completed by Academic Affairs**

President (Date Approved)   Board of Trustees (Date Approved)   President’s Council (Date Approved)

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[Stamp: VPAA JAN 26 2012]
[Stamp: 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 Department of Languages & Literature is updating catalog descriptions to reflect current scheduling practices.

   The catalog description for LANG 100, Italian for Business-Travel, is being revised to reflect current scheduling practices: Typically offered: FALL.

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
      LANG    100      Italian for Business-Travel

   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 Check sheets affected by this proposal.

None, Banner/Catalog change only
MODIFY COURSE
Course Data Entry Form

FORM F

 Modify Course
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): □

   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.
      LANG 100     LECTure □  LAB □  INDependent Study – Check (x) □
      Practicum: □  Seminar: □
   d. Course Title: Italian for Business-Travel

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: □  o. Max. Section Enrollment:

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces. □

UCC Chair Signature/Date: ___________________________ 1/18/12

Academic Affairs Approval Signature/Date: ___________________________ 1/22/12

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