**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title:** LANG 111: Portugese for Business-Travel (course deletion)

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: **SUMMER 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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<th>Group/Individual</th>
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<th>Vote/Action *</th>
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<td>Program or Academic Unit Faculty</td>
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<td>Department Faculty</td>
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<td>Department Head</td>
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<td>College Curriculum Committee</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.

**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 Department of Languages & Literature is updating catalog descriptions to reflect current scheduling practices.

LANG 111, Portuguese for Business-Travel, is being deleted (hasn’t been offered in over 5 years with no plans to offer in the future)

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
  LANG       111       Portuguese for Business-Travel

c. Existing Course(s) to be Modified:
Prefix       Number       Title

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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4. Will External Accreditation be Sought? (For new programs or certificates only)

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

5. Program Check sheets affected by this proposal.

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

FORM F
Delete Course
Rev. 7/23/07

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

Note: Complete each section.

The course described below will be moved to inactive status.


II. CURRENT COURSE TO BE DELETED FROM THE ACTIVE STATUS:

Include the information that is in the current course database.

a. Course Prefix [LANG]  
b. Number [111]  
c. Enter Contact Hours per week in boxes.
   LECTure: 8  LAB:  
   INDependent Study – Check (x)  
   Practicum:  
   Seminar:  

d. Full Course Title: Portuguese for Business - Travel

[Signatures and Dates]

UCC Chair Signature/Date: [Sign] [12/17/11]

Academic Affairs Approval Signature/Date: [Sign] [12/9/11]

Office of the Registrar use ONLY

Date Rec’d: ___ Date Completed: ___ Entered: SCACRSE ___ SCADETL ___ SCARRES ___ SCAPREQ ___