**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title:** Minor Curriculum Change to MRIS 102 Medical Vocabulary

**Initiating Unit or Individual:** Health Information Management Faculty  
**Contact Person's Name:** Paula Hagstrom  
**e-mail:** hagstrom@ferris.edu  
**phone:** x2316

**Date or Term of Proposal Implementation:**

- [ ] Group I - A – New degree/major or major, redirection of a current offering, or elimination of a degree, major or minor
- [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>Vote/Action *</th>
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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 MRIS 102 Medical Vocabulary (1 cr) cap is currently 35 because it was previously taught in a classroom setting.

MRIS 102 Medical Vocabulary (1cr) is now a self-programmed online course. The student reviews medical prefixes, suffixes, word parts and their definitions and then takes weekly quizzes and the final exam on Ferris Connect. The instructor answers student questions and monitors student progress. We are proposing to raise the cap to 150 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
   MRIS        102       Medical Vocabulary

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.
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): Cap change on MRIS 102
   [Medical Vocabulary from 35 to 150]
   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.
      MRIS [ ] 102 LECTure [ ] LAB [ ] INDependent Study - Check (x) [ ]
      Practicum: [ ] Seminar: [ ]
   d. Course Title: [ ] [Medical Vocabulary]
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 [ ] Minimum Credit Hours [ ]
   j. May Be Repeated for Added Credit: Check [ ] Yes [ ] No
   k. Levels: Check [ ] Undergraduate [ ] Graduate [ ] Professional
   l. Grade Method: Check [ ] 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: [150]
   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 ___