**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title:** MINOR CLEAN UP IN SURVEYING ENGINEERING

Initiating Unit or Individual:
- **Contact Person's Name:** DEBBIE DAWSON  e-mail: deborahdawson@ferris.edu  phone:  x3204
- **Date or Term of Proposal Implementation:** 201205
  - 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

<table>
<thead>
<tr>
<th>Group/Individual</th>
<th>Signature</th>
<th>Date</th>
<th>Vote/Action *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Faculty/Committee</td>
<td>Carl Smith</td>
<td>1/20/12</td>
<td>Support</td>
</tr>
<tr>
<td>School Committee</td>
<td>Debbie Dawson</td>
<td>2/15/12</td>
<td>Support</td>
</tr>
<tr>
<td>College Curriculum Committee</td>
<td>Larry Schooler</td>
<td>2/21/12</td>
<td>Support</td>
</tr>
<tr>
<td>Dean</td>
<td>Lee McKean</td>
<td>2/21/12</td>
<td>Support</td>
</tr>
<tr>
<td>University Curriculum Committee</td>
<td></td>
<td></td>
<td>Support</td>
</tr>
<tr>
<td>Senate</td>
<td></td>
<td></td>
<td>Support</td>
</tr>
<tr>
<td>Academic Affairs</td>
<td></td>
<td></td>
<td>Support</td>
</tr>
</tbody>
</table>

* 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.)

Some minor clean-up is required so the catalog and check sheet match – this affects the semester the courses are offered as well as pre-reqs.

2. Summary of All Course Action Required*

<table>
<thead>
<tr>
<th>a. Newly Created Courses to FSU:</th>
<th>Prefix</th>
<th>Number</th>
<th>Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>b. Courses to be Deleted From FSU Catalog:</th>
<th>Prefix</th>
<th>Number</th>
<th>Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>c. Existing Course(s) to be Modified:</th>
<th>Prefix</th>
<th>Number</th>
<th>Title</th>
</tr>
</thead>
</table>

GISC 225 PRINCIPLES OF GIS
GISC 382 GIS DATA ANALYSIS-SPECIALIZ
SURE 331 ETHICS-RPOF IN ENGINEERING-TEC
SURE 365 LEGAL ASPECTS OF SURVEYING 1
SURE 366 EVIDENCE-PROC BOUNDARY LOCAT
SURE 420 PROF PRACTICE OF SURVEYING
SURE 465 LEGAL ASPECTS OF SURVEY 2

<table>
<thead>
<tr>
<th>d. Addition of existing FSU courses to program</th>
<th>Prefix</th>
<th>Number</th>
<th>Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>e. Removal of existing FSU courses from program</th>
<th>Prefix</th>
<th>Number</th>
<th>Title</th>
</tr>
</thead>
</table>
3. Summary of All Consultations

Form Sent (B or C)       Date Sent       Responding Dept.       Date Received & by Whom

N/A

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.

SEE ATTACHED
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): 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.
GISC 225 LECTure  [ ] LAB  [ ] INDependent Study – Check (x) [ ]
Practicum: [ ] Seminar: [ ]

d. Course Title: PRINCIPLES OF GIS

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: SPRING, FALL, SUMMER  (See instructions for listing.) o. Max. Section Enrollment:

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 ___
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): 201205  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: GISC  
   b. Number: 382  
   c. Enter Contact Hours per week in boxes.
      LECTure [ ]  LAB [ ]  INDependent Study – Check (x) [ ]
      Practicum: [ ]  Seminar: [ ]

   d. Course Title: GIS DATA ANALYSIS-SPECIALIZ

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:

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces. PREREQ: GISC 225

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 ___
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): 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: SURE  
   b. Number: 331  
   c. Enter Contact Hours per week in boxes.

   LECTure [ ] LAB [ ] INDependent Study – Check (x) [ ]

   Practicum: [ ] Seminar: [ ]

   d. Course Title: ETHICS-PROF IN ENGINEERING-TEC

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: SPRING, FALL (See instructions for listing.)

   o. Max. Section Enrollment: [ ]

   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 __SCARES __ SCAPREQ __
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): M

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: SURE
b. Number: 365
c. Enter Contact Hours per week in boxes.
LECture 3 LAB INDependent Study – Check (x) ☐
Practicum: ☐ Seminar: ☐

d. Course Title: LEGAL ASPECTS OF SURVEYING 1

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.
An introductory study of the subdivision of public lands, theory of original survey, resurvey, subdivision survey, and methods describing real property. The more important statute laws affecting the surveyor are studied. This course meets General Education requirement: Writing Intensive. Pre-Requisite: ENGL 250. Co-Requisite: SURE 215. Typically Offered Fall Only

n. Term(s) Offered: (See instructions for listing.) o. Max. Section Enrollment: ☐

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
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): N

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

SURE 366

LECture 2
LAB 2
INDependent Study – Check (x) □
Practicum: □
Seminar: □

c. Enter Contact Hours per week in boxes.

d. Course Title: EVIDENCE-PROC BOUNDARY LOCAT

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: SPRING (See instructions for listing.)
o. Max. Section Enrollment: □

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 ___
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): N, P

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.
SURE 420 LECTure [ ] LAB [ ] INDependent Study – Check (x) [ ]
Practicum: [ ] Seminar: [ ]

d. Course Title: PROF PRACTICE OF SURVEYING

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: FALL (See instructions for listing.) o. Max. Section Enrollment: [ ]

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces. Pre-requisites: SURE 365, ENGL 250

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 __
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): 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: SURE
   b. Number: 465
   c. Enter Contact Hours per week in boxes. LECTure 3 LAB 0 INDependent Study – Check (x) ___ Practicum: ___ Seminar: ___
   d. Course Title: LEGAL ASPECTS OF SURVEY 2

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:
   p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces. Pre-requisites: SURE 215, SURE 365, ENGL 250

   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 _____