**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title:** MGMT 491 Cap Change

**Initiating Unit or Individual:** David Steenstra  
**Contact Person's Name:** Karen Ottobre  
**e-mail:** ottobrek@ferris.edu  
**phone:** 2427  
**Date or Term of Proposal Implementation:** 201201

- [ ] 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>Signature</th>
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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)  

**VPAA**  
**DEC 12 2011**  
**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 cap needs to be raised to be consistent with the other similar internships within the College of Business. It needs to be raised to 15 and would be consistent with the face-to-face class minimums. It is consistent with on-line class enrollment parameters. Given the requirements of this course this is a reasonable work load.

2. Summary of All Course Action Required*

c. Existing Course(s) to be Modified:
Prefix    Number    Title
MGMT      491       MGMT Internship

3. Summary of All Consultations

Form Sent (B or C)    Date Sent N/A    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.
   Business Administration with Concentrations
   Business Administration with Professional Tracks
   Human Resource Management
   Operations & Supply Management
   Leadership & Supervision Certificate
   Small Business & Entrepreneurship Minor
MODIFY COURSE
Course Data Entry Form

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): Change Max Enrollment

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: MGMT
b. Number: 491
   c. Enter Contact Hours per week in boxes.
      Lecture: [ ] Lab: [ ] INDependent Study - Check (x) [ ] Practicum: [ ] Seminar: [ ]

d. Course Title: MGMT Internship

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. [ ]

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 __