Form A
College of Business

Proposal Summary and Routing Form

Proposal Title: MKTG 475 prerequisite clean-up

Initiating Unit or Individual: MKTG Dept.
Contact Person's Name: Laura Dix e-mail: dixl@ferris.edu phone: X2795
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
- 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</td>
<td>Laura Dix</td>
<td>11/18/11</td>
<td>8 Support, 0 Support, 0 Support with Concerns, 0 Not Support</td>
</tr>
<tr>
<td>Department Faculty</td>
<td>Laura Dix</td>
<td>1/17/12</td>
<td>10 Support, 0 Support with Concerns, 0 Not Support</td>
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<tr>
<td>Department Head</td>
<td></td>
<td>01/18/12</td>
<td>3 Support, 0 Support with Concerns, 0 Not Support</td>
</tr>
<tr>
<td>College Curriculum Committee</td>
<td>Laura Dix</td>
<td>1/24/12</td>
<td>3 Support, 0 Support with Concerns, 0 Not Support</td>
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<td>0 Support, 0 Support with Concerns, 0 Not Support</td>
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<tr>
<td>University Curriculum Committee</td>
<td>Sandy Aspoch</td>
<td>2/1/12</td>
<td>3 Support, 0 Support with Concerns, 0 Not Support</td>
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<tr>
<td>Senate</td>
<td></td>
<td>2/1/12</td>
<td>0 Support, 1 Support with Concerns, 0 Not Support</td>
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<tr>
<td>Academic Affairs</td>
<td></td>
<td>2/8/12</td>
<td>0 Support, 0 Support with Concerns, 0 Not Support</td>
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</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

Proposal: Drop STQM 260 as pre-req to MKTG 475

Rationale: This current pre-req requirement is not needed for this course. In fact it is thought to have been originally included as a pre-req by mistake.

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
   MKTG     475      Product Marketing

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                □x□       No

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

5. Program Checksheets affected by this proposal.
   □ Not a required course.
MODIFY COURSE
Course Data Entry Form

FORM F

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:b. Number c. Enter Contact Hours per week in boxes.
MKTG 475

Lecture [ ] Lab [ ] Independent Study – Check (x) [ ]
Practicum: [ ] Seminar: [ ]

(d. Course Title: Product Marketing)

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. MKTG 321

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 _