FORM A  
College of Business

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: MKTG 491 Course Clean-up

Initiating Unit or Individual: MKTG Department
Contact Person's Name: Mike Cooper  e-mail: cooperm@ferris.edu  phone: X2466
Date or Term of Proposal Implementation: Fall 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

| Group/Individual                        | Signature          | Date       | Vote/Action *
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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 Marketing program and Department are proposing changing the official cap for MKTG 491 MKTG Internship from 0 to 15. This is the standard internship section size to which the COB is moving for all internship courses. This cap size is suggested by the COB Dean as consistent with expected faculty internship responsibilities within the COB internship system.

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    491     Marketing Internship

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)

___________ Yes __________ No

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

5. Program Checksheets affected by this proposal.

N/A
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): Max. section enrollment

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.
MKTG 491 LECture LAB INDependent Study – Check (x) □ Practicum: 1-9 Seminar:

d. Course Title: Marketing 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.

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: 15

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

UCC Chair Signature/Date: ____________________________ 1/1/______

Academic Affairs Approval Signature/Date: ____________________________ 1/1/______

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 ______