**Proposal Title:** PDET 312 (Course Capacity Change)

Initiating Unit or Individual: **Product Design Engineering Technology**
Contact Person's Name: Larry Schult  e-mail: schultl@ferris.edu  phone:  231.591.2749
Date or Term of Proposal Implementation:  201208

- 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

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<tr>
<th>Group/Individual</th>
<th>Signature</th>
<th>Date</th>
<th>Vote/Action *</th>
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<td>Program Faculty</td>
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<td>2/29/12</td>
<td>Support</td>
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<td>School Department Faculty</td>
<td>Debbie Dawson</td>
<td>3/20/12</td>
<td>Support with Concerns</td>
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<td>Department Head / Chair</td>
<td>Debbie Dawson</td>
<td>3/20/12</td>
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<td>College Curriculum Committee</td>
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<td>Academic Affairs</td>
<td>Paul Blake</td>
<td>5/7/12</td>
<td>Support</td>
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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
MAY 01 2012
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.)

   Course Cap Change

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

      PDET      312     Advanced Tolerancing

   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.

None
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: PDET
b. Number: 312

c. Enter Contact Hours per week in boxes.

PRACTICUM: 
LAB: 
INDEPENDENT STUDY – Check (x) 
Seminar: 

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.

PRACTICUM: 
LAB: 
INDEPENDENT STUDY – Check (x) 
Seminar: 

d. Course Title: Advance Tolerancing (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 

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: 20

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 __ SCADTL __ SCARRES __ SCAPREQ __