## PROPOSAL SUMMARY AND ROUTING FORM

**Proposal Title:** Changing CAP for PGMG101 and Term Offered

**Initiating Unit or Individual:** SEHM/PGM  
**Contact Person’s Name:** Aaron Waltz  
**e-mail:** walt3@ferris.edu  
**phone:** X2380  
**Date or Term of Proposal Implementation:** 2012-08

- [ ] 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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* 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.

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**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.)
This change is necessary due to the PGA's new educational requirements for the 2.0 material. In the new class content, all students will be required to successfully pass a PGA Qualifying Test in order to be admitted into the PGA Golf Management Program. Therefore smaller section sizes will allow the material to be delivered more effectively and encourage greater in class student participation.

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
      PGMG         101          Orientation to PGM

   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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<th>Responding Dept.</th>
<th>Date Received &amp; by Whom</th>
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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.
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): Change CAP for PGMG101

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
PGMG

b. Number
101

b. Enter Contact Hours per week in boxes.
LECture 2 LAB INDependent Study – Check (x) ☐
Practicum: ☐ Seminar: ☐

c. Course Title: Orientation to PGM

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

b. 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, Spring (See instructions for listing.) o. Max. Section Enrollment: 30

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 Codes
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 ☐