FORM A
College of Engineering Technology

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: PDET 422 (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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<th>Group/Individual</th>
<th>Signature</th>
<th>Date</th>
<th>Vote/Action *</th>
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<td>School Department-Faculty</td>
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<tr>
<td>Department Head / Chair</td>
<td>Debbie Dawson</td>
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<td>Kon M. Kea</td>
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<td>Academic Affairs</td>
<td>Paul Blake</td>
<td>5/7/12</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)
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   422       Advanced Machine Design

   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>Form Sent (B or C)</th>
<th>Date Sent</th>
<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.

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): [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: [PD]  
   b. Number: [422]  
   c. Enter Contact Hours per week in boxes.
      LECTure [3]  
      LAB [3]  
      INDependent Study – Check (x) [ ]  
      Practicum: [ ]  
      Seminar: [ ]

   d. Course Title: [Advanced Machine Design]

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: [20]

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

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**UCC Chair Signature/Date:** [ ] [ ]  
**Academic Affairs Approval Signature/Date:** [ ] [ ]

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*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

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**Office of the Registrar use ONLY**

Date Rec'd: [ ]  
Date Completed: [ ]  
Entered: [SCACRSE SCADTL SCARRES SCAPREQ]