PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Revision of restriction for PROJ 320

Initiating Unit or Individual: AFIS Department
Contact Person's Name: Jim Woolen  e-mail: woolen@ferris.edu  phone: Extension 2436
Date or Term of Proposal Implementation: Spring 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

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<th>Group/Individual</th>
<th>Signature</th>
<th>Date</th>
<th>Vote/Action</th>
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<td>Department Faculty</td>
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<td>Department Head</td>
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<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)
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.)

Wording for course restriction was incorrectly listed as “Sophomore standing or instructor approval” in original proposal approved by Academic Affairs on 3/2/11. Restriction should have read “Sophomore standing or higher OR instructor approval”.

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

PROJ 320 Project Management Fundamentals

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.

N/A

5. Program Checksheets affected by this proposal.

- Accountancy/Computer Information Systems BS
- Computer Information Systems BS
- Computer Information Technology BS
- Information Security & Intelligence BS
- Project Management Certificate
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): Change restriction for PROJ 320

b. Term Effective (6 digit code only): 201201 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
320

PROJ

LECture 3 
LAB
INDependent Study – Check (x) 
Practicum: 
Seminar: 

d. Course Title: Project Management Fundamentals

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

PROJ

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

I. 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. Sophomore standing or higher OR instructor approval.

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: SCACRS__ SCADTL__ SCARRES__ SCAPREQ__