## College of Allied Health Sciences
### PROPOSAL SUMMARY AND ROUTING FORM

**Proposal Title:** Change Maximum Enrollment for SONO 282

**Initiating Unit or Individual:** DHMI/Allied Health  
**Contact Person's Name:** Theresa Raglin  
**e-mail:** raglint@ferris.edu  
**phone:** ext 2312  
**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  
- [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.)

The normal cohort or class size for the Diagnostic Medical Sonography program is 24. We accept up to 24 students each year in the program. All courses excluding lab sections should have a maximum enrollment of 24 students. SONO 282 was incorrectly approved with a maximum enrollment of 20 students. This proposal request is to change the maximum enrollment in SONO 282 to 24 students.

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
SONO         282          Clinical Internship 2

d. Addition of existing FSU courses to program:
Prefix       Number       Title

e. Removal of existing FSU courses from program:
Prefix       Number       Title

*Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.
MODIFY COURSE

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): Maximum Section Enrollment

   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: Sono
   b. Number: 282
   c. Enter Contact Hours per week in boxes.
      Lecture [ ] Lab [ ] INDependent Study - Check (x) [ ]
      Practicum: 600 Seminar: [ ]
   d. Course Title: Clinical 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.
   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: 24
   p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces.

   UCC Chair Signature/Date: 1/1 Academic Affairs Approval Signature/Date: 1/17/14

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: SCAKRSE SCADETL SCARRES SCAPREQ