**PROPOSAL SUMMARY AND ROUTING FORM**

**Proposal Title:** STQM 270 prerequisite clean-up

**Initiating Unit or Individual:** MKTG Dept.
**Contact Person's Name:** Nate Tymes  e-mail: tymesn@ferris.edu  phone: X2426
**Date or Term of Proposal Implementation:** 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

<table>
<thead>
<tr>
<th>Group/Individual</th>
<th>Signature</th>
<th>Date</th>
<th>Vote/Action *</th>
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<tbody>
<tr>
<td>Program Faculty</td>
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<td>12/2/11</td>
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<td>Department Faculty</td>
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<td>Department Head</td>
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<td>College Curriculum Committee</td>
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<td>12/7/11</td>
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<td>University Curriculum Committee</td>
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<td>2/1/12</td>
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<td>Senate</td>
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<tr>
<td>Academic Affairs</td>
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<td>2/1/12</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.

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**To be completed by Academic Affairs**

<table>
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<tr>
<th>President (Date Approved)</th>
<th>Board of Trustees (Date Approved)</th>
<th>President’s Council (Date Approved)</th>
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</table>
1. Proposal Summary

Proposal: The proposal specifies STQM 260 or CCHS 315 or MATH 251 or MFGE 341 or PSYC 210 or SOCY 371 – with C- or better grade – as the pre-requisite for STQM 270.

Rationale: Healthcare and other non-business students are increasingly taking STQM 270, Introduction to Data Mining, for which the prerequisite is STQM 260, Introduction to Statistics. The healthcare students, for example, take CCHS 315, Epidemiology Statistics, which is an introductory statistics course geared toward their field. Some of these students take the Medical Informatics minor – which requires STQM 270. The Statistics program faculty would like to accept CCHS 315 as the prerequisite for STQM 270 so that these students do not have to experience duplication in their studies and will be able to register themselves for STQM 270 un-aided. Similarly for students in other non-business majors who want to sign up for STQM 270 with a basic statistics course other than STQM 260.

Note: The proposed list of STQM 270 pre-requisites is the same list already used in the existing Research Methods and Applications Minor.

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
STQM 270  Introduction to Data Mining

d. Addition of existing FSU courses to program

 Prefix   Number   Title
3. Summary of All Consultations

<table>
<thead>
<tr>
<th>Form Sent (B or C)</th>
<th>Date Sent</th>
<th>Responding Dept.</th>
<th>Date Received &amp; by Whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Info. Security &amp; Intelligence BS</td>
<td>1/23/12</td>
<td>Jim Woolen - AFIS</td>
<td>2/1/12 - Jim Woolen</td>
</tr>
<tr>
<td>Medical Informatics Minor</td>
<td>1/23/12</td>
<td>Therese Harper-CAHS</td>
<td>1/27/12 - Greg Zimmerman</td>
</tr>
<tr>
<td>Military Science Minor</td>
<td>1/23/12</td>
<td>Carey Jackson - COEHS</td>
<td></td>
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</tbody>
</table>

4. Will External Accreditation be sought? (For new programs or certificates only)

___________ Yes  ______x____ No

If yes, name the organization involved with accreditation for this program.

5. Program Checksheets affected by this proposal.
   Interdepartmental:
   Business Data Analytics
   Data Mining Certificate
   Direct Marketing Certificate
   Research Methods & Applications Minor
   AIMC Media Concentration
   Integrated Marketing Techniques

   Information Security & Intelligence BS – Acct. Finc and Information Systems
   Medical Informatics Minor – Allied Health Sciences
   Military Science Minor – Education and Human Services
CURRICULUM CONSULTATION FORM

To be completed by each department affected by the proposed change, new degree, new program, new minor, or new course. Potential duplication of coursework is reason for consultation.

1. This completed form must be forwarded with the proposal to the chair/head of the department to be consulted.

2. The department must respond within 20 calendar days of receipt of this form to insure inclusion in the final proposal. The completed form is returned to the initiator and inserted into the proposal.

   Failure to respond is interpreted as support for the proposal.

3. The Proposing Department must address any concerns raised by the department. This response will be in writing and be included in the proposal following the consultation form.

RE: Proposal Title  STQM 270 prerequisite clean-up

Initiator(s): Nate Tymes, Mike Cooper

Proposal Contact: Nate Tymes Date Sent: 1/23/12

Department: MKTG Dept. Campus Address: X 2426
(Please print)

Responding Department: AHS – Medical Informatics Minor

Chair/Head/Coordinator: Dr. Greg Zimmerman Date Returned: 

Based upon department faculty review on 1/27/12(date), we

   X Support the above proposal.
   □ Support the above proposal with the modifications and concerns listed below.
   □ Do not support the proposal for the reasons listed below.

Comment regarding the impact this proposal has on scheduling, room assignments, faculty load, and prerequisites for your department. Use additional pages, if necessary.

We support this change without reservation as it allows more flexibility for students.
CURRICULUM CONSULTATION FORM

To be completed by each department affected by the proposed change, new degree, new program, new minor, or new course. Potential duplication of coursework is reason for consultation.

1. This completed form must be forwarded with the proposal to the chair/head of the department to be consulted.

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RE: Proposal Title  STQM 270 prerequisite clean-up

Initiator(s): Nate Tymes, Mike Cooper

Proposal Contact: Nate Tymes Date Sent: 1/23/12

Department: MKTG Dept. Campus Address: X 2426

(Please print)

Responding Department: AFIS – ISIN BS

Chair/Head/Coordinator: Jim Woolen Date Returned: 2/1/2012

Based upon department faculty review on ____ (date), we

☐ Support the above proposal.
☐ Support the above proposal with the modifications and concerns listed below.
☐ Do not support the proposal for the reasons listed below.

Comment regarding the impact this proposal has on scheduling, room assignments, faculty load, and prerequisites for your department. Use additional pages, if necessary.

This was received after the AFIS January department meeting. The proposal was sent to the only group in AFIS that would be affected (ISI program), and only one response was received. It was supportive.
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): Pre-requisite

b. Term Effective (6 digit code only): 201205 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  c. Enter Contact Hours per week in boxes.
STQM 270 Lecture 3 Lab  Independent Study – Check (x) __
Practicum: __ 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.
__ __ __ Lecture __ Lab __ Independent Study – Check (x) __
Practicum: __ Seminar: __

d. Course Title: Introduction to Data Mining (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: ________________

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces, STQM 260 or CCHS 315 or MATH 251 or MIFE 341 or PSYC 210 or SOCY 371 – with C- or better

UCC Chair Signature/Date: ___________________________ Academic Affairs Approval Signature/Date: ___________________________