PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: WELD-322 – (Course capacity change)

Initiating Unit or Individual: Welding 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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* 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)

VPAA
MAR 1 2012
PROVOST
3. Summary of All Consultations

Form Sent (B or C)    Date Sent    Responding Dept.    Date Received & by Whom

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
MODIFY COURSE
Course Data Entry Form

FORM F

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): c - 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
WELD

b. Number
322

c. Enter Contact Hours per week in boxes.
LECTure LAB INDependent Study - Check (x) ☐
Practicum: Seminar:

d. Course Title: Advanced Resistance Welding

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

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: 15

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

UCC Chair Signature/Date: 1/1/2012

Academic Affairs Approval Signature/Date: 3/15/12

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: SCACRSE_SCADTL_SCARRES_SCAPREQ_