PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Course purge for College of Engineering Technology for courses no longer in use

Initiating Individual: Click here to enter text. Initiating Department or Unit: Click here to enter text.

Contact Person's Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text.

☐ Group I-A – New Degree, major, concentration, minor, or redirection of a current offering
☐ Group I-B – Deletion of a degree, major, concentration, or minor
☐ Group II-A – New Course, modification of a course, deletion of a course
☐ Group II-B – Minor Curriculum Clean-up
☐ Group III – Certificate (☐ College Credit ☐ Non-credit ☐ New Certificate)
☐ Group IV – Other site location (☐ College Credit ☐ Non-credit)

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<thead>
<tr>
<th>PLEASE PRINT AND SIGN YOUR NAME</th>
<th>DATE</th>
<th>VOTE/ACTION * Number Count</th>
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<tbody>
<tr>
<td>Program Representative **</td>
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<td>College Curriculum</td>
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<td>Abstain</td>
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* Support with Concerns or Not Support must include identification of specific concern with appropriate rationale.

** Number Count must be given for all members present and/or voting.

To be completed by Academic Affairs

Date of Implementation: Click here to enter text.

President (Date Approved) Board of Trustees (Date Approved) Academic Officers of MI (Date Approved)
1. Proposal Summary: (Summary is generally less than one page. Briefly state what is proposed with a summary of rationale and highlights) All courses to be deleted from Banner are no longer in use for the College of Engineering Technology. Courses should not affect program check sheets within or outside the College of Engineering Technology.

2. Summary of Curricular Action (Check all that apply to this proposal)

☐ Degree  ☐ Major  ☐ Minor  ☐ Concentration  ☐ Certificate  ☐ Course

☐ New  ☐ Modification  ☐ Deletion

Name of Degree, Major, etc.: Click here to enter text.

3. Summary of All Course Action Required: Click here to enter text.

A. Newly Created Courses to be Added to the Catalog

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B. Courses to be Deleted from FSU Catalog

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<tr>
<td>EEET 115</td>
<td>Electronic Technology HVACR</td>
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<td>PTEC 490</td>
<td>Special Topics in PTEC</td>
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<tr>
<td>PTEC 112</td>
<td>Printing Technology</td>
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<td>PTEC 231</td>
<td>Screen Process Printing</td>
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<td>PTEC 275</td>
<td>Digital Publishing</td>
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<tr>
<td>PTEC 290</td>
<td>Special Topics in PTEC</td>
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<tr>
<td>AMGT 499</td>
<td>Seminar/Project - Assessment</td>
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</tbody>
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C. Existing Courses to be Modified

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D. Addition of existing FSU courses to program

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E. Removal of existing FSU courses from program

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4. Summary of All Consultations

Form Sent (B or C) | Date Sent | Responding Department | Date Received & By Whom

Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.

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

☐ Yes  ☐ No

If yes, name the organization involved with accreditation for this program. Click here to enter text.

6. Is a PCAF required? ☐ Yes  ☐ No

Is the PCAF approved? ☐ Yes  ☐ No (If yes, supply link on Academic Affairs website where PCAF is posted.)
7. Program Checksheets affected by this proposal (Check all that apply to this proposal)
   - Add Course
   - Delete Course
   - Modify Course
   - Change Prerequisite
   - Move from required to elective
   - Move from elective to required
   - Change Outcomes and Assessment Plan
   - Change Credit hours

8. List all Checksheets affected by this proposal:
   
<table>
<thead>
<tr>
<th>College</th>
<th>Department</th>
<th>Program</th>
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</table>
Delete a Course
Course Data Entry Form

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog.
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix EEET b. Number 115 c. Enter Contact Hours per week in boxes.
d. INDependent Study Practicum: Seminar

[Check (x) box as appropriate. See definitions in Appendix E.]

e. Full Course Title: Electronic Technology HVACR

UCC Chair Signature/Date: [Signature] 11

Academic Affairs Approval Signature/Date: [Signature] 9/19/15

Office of the Registrar use ONLY

Date Rec'd: _____ Date Completed: _____ Entered: SCACSE __ SCADETL __ SCARRES __ SCAPREQ __
Delete a Course
Course Data Entry Form

FORM F
Rev. September 2012

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog.
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix  PMGT  b. Number  490 c. Enter Contact Hours per week in boxes.
   Lecture  LAB  Seminar

d. INDependent Study  Practicum:  (Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Special Topics in PMGT

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


Office of the Registrar use ONLY

Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE  SCADTL  SCARRES  SCAPREQ
Delete a Course
Course Data Entry Form

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog.
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix: PTEC    b. Number: 112    c. Enter Contact Hours per week in boxes.
   LECture   LAB   Seminar
   d. INDependent Study    Practicum:  (Check (x) box as appropriate. See definitions in Appendix E.)
   e. Full Course Title: Printing Technology

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

Date Rec’d:    Date Completed:    Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __
Delete a Course
Course Data Entry Form

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog.
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix PTEC  b. Number 231  c. Enter Contact Hours per week in boxes.
   LEcTure LAB Seminar

d. INDependent Study  □ Practicum:  [Check (x) box as appropriate. See definitions in Appendix E.)

e. Full Course Title: Screen Process Printing

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

Date Rec'd: ___  Date Completed: ___  Entered: SCACRSE  SCADETL  SCARRES  SCAPREQ

Office of the Registrar use ONLY
Delete a Course
Course Data Entry Form

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog.
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix: PTEC  b. Number: 275  c. Enter Contact Hours per week in boxes.
   LECTure  LAB  Seminar
   (Check () box as appropriate. See definitions in Appendix E.)

d. INDependent Study ______ Practicum: ______

e. Full Course Title: Digital Publishing

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

Office of the Registrar use ONLY

Date Rec'd: ______  Date Completed: ______  Entered: SCACRSE  SCADETL  SCARRES  SCAPREQ
Delete a Course
Course Data Entry Form

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog.
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix: PTEC
b. Number: 290
c. Enter Contact Hours per week in boxes.
   Lecture Lab Seminar

d. Independent Study
   Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]

e. Full Course Title: Special Topics in PTEC

UCC Chair Signature/Date: 9/1/20

Academic Affairs Approval Signature/Date: 9/2/20

Office of the Registrar use ONLY

Date Rec'd: _____ Date Completed: _____ Entered: SCACRESE _ SCADETL _ SCARRES _ SCAPREQ _
Delete a Course
Course Data Entry Form

I. ACTION TO BE TAKEN: DELETE COURSE FROM CATALOG.

The course listed below will be removed from the Ferris State University Catalog.
(See Appendix E Instructions for Completing Forms.)

a. Desired Term Effective: Term Spring Year 2015

II. CURRENT COURSE TO BE DELETED FROM CATALOG:

a. Course Prefix AMGT
b. Number 499

c. Enter Contact Hours per week in boxes.
   LECTure
   LAB
   Seminar

d. INDependent Study Practicum: [Check (x) box as appropriate. See definitions in Appendix E.]

   e. Full Course Title: Seminar/Project - Assessment

UCC Chair Signature/Date: ___________________________ 1/1

Academic Affairs Approval Signature/Date: ___________________________ 9/1/15

Office of the Registrar use ONLY

Date Rec'd: _______ Date Completed: _______ Entered: SCACRSE _ SCADETL _ SCARRES _ SCAPREQ _
Good afternoon, Geri! Attached is the Form A I prepared for the courses that will be deleted from Banner that are no longer in use. If you could have Larry Schult sign the form and send it back to me, I would appreciate it. I have prepared the Form F for all the courses noted on the Form A.

If you see any courses listed that should not be deleted, please let me know, and I can correct the form.

Thank you!