PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Global Health and Public Health

Initiating Individual: Emmanuel D. Jadhav  Initiating Department or Unit: College of Health Professions

Contact Person's Name: Emmanuel D. Jadhav  Email: jadhave@ferris.edu  Phone: 231.591.3134

- 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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<th>PLEASE PRINT AND SIGN YOUR NAME</th>
<th>DATE</th>
<th>VOTE/ACTION * Number Count</th>
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<td>Department/School/Faculty</td>
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<td>Representative Vote **</td>
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<td>College Curriculum Committee/Faculty</td>
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<td>Academic Affairs</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)
   The proposal is to modify the existing student cap on the course. The current cap on the course is 30 students. This cap however conflicts with the teaching pedagogy and interferes with the student learning experience. The course content includes the analysis of 13 global health case studies. Creating a 2-member team for presenting the case study analysis allows 26 students to fully engage in the course learning. In the semester of Spring2016, 30 students were registered in the course. This number led to a disproportionate distribution of effort amongst the students. It also detracted from the learning experience, spreading the course material too thin for each participating student to engage fully. This proposal is to change the cap on the course to 26 students to facilitate and engaged student learning experience.

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.: Bachelor of Science in Public Health (BSPH)

3. Summary of All Course Action Required: Click here to enter text.
   A. Newly Created Courses to be Added to the Catalog
      Prefix | Number | Title
      Click here to enter text. | Click here to enter text. | Click here to enter text.

   B. Courses to be Deleted from FSU Catalog
      Prefix | Number | Title
      Click here to enter text. | Click here to enter text. | Click here to enter text.

   C. Existing Courses to be Modified
      Prefix | Number | Title
      PUBH | 210 | Global Health and Public Health

   D. Addition of existing FSU courses to program
      Prefix | Number | Title
      Click here to enter text. | Click here to enter text. | Click here to enter text.

   E. Removal of existing FSU courses from program
      Prefix | Number | Title
      Click here to enter text. | Click here to enter text. | Click here to enter text.

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:
I. ACTION TO BE TAKEN: MODIFY A COURSE

Desired Term Effective (6 digit code): 201608 Examples: 201601 (Spring), 201605 (Summer) NOTE: The first four digits indicate year, the next two digits indicate month in which term.

II. COURSE TO BE MODIFIED:

A. Course Prefix: PUBH  B. Number: 210
C. Course Title: Global Health and Public Health

LIST THE LETTER(S) OF ALL CHANGES FROM SECTION III BELOW: R See Appendix E Instructions for Completing Forms.

III. MODIFICATIONS

A. Course Prefix: Click here to enter text.  B. Number: Click here to enter text.
B. Contact Hours: Click here to enter text.  Lecture ☐ Lab ☐ Seminar ☐ [Enter contact hours per week in blank. See formula for contact hours to credit hours in Appendix E.]
C. Practicum ☐  Independent Study ☐ [Check Box as appropriate. See Definitions in Appendix E]
D. Course Title: Click here to enter text. [Limit to 30 characters including punctuation and spaces]
E. College Code: Click here to enter text.  G. Department Code: Click here to enter text.  H. Credit Hours: Variable ☐ Fixed ☐
I. Minimum Credit Hours: Click here to enter text.  J. Maximum Credit Hours: Click here to enter text. [Enter number is space.]
K. Hours May be Repeated for Extra Credit: Yes ☐ No ☐ If yes, max times Click here to enter text. Or max credits Click here to enter text. awarded.
L. Levels: Undergraduate ☐  Graduate ☐  Professional ☐
M. Grade Method: Normal Grading ☐ Credit/No Credit (Pass/Fail) ☐
N. Does proposed new course replace an equivalent course? Yes ☐ No ☐
O. Equivalent Course: Prefix: Click here to enter text.  Number: Click here to enter text.
P. Catalog Description: Limit to 125 words – PLEASE BE CONCISE. Click here to enter text.

Q. Term Offered:  R. Max Section Enrollment: 26  Lecture:  Lab:
S. Prerequisites or Restrictions: If none, leave blank. Click here to enter text.
T. Co-requisites: Courses must be taken concurrently. If none, leave blank. Limit to 100 characters including punctuation and spaces. Click here to enter text.

To be completed by Academic Affairs Office: Standards & Measures Coding and General Education Code

Basic Skill (BS) ☐  General Education ☐  Occupational Education ☐  G E Codes: Click here to enter text.

UCC Chair Signature/Date  Academic Affairs Approval Signature/Date

OFFICE OF THE REGISTRAR USE ONLY

Date Rec’d: Click here to enter text.  Date Completed: Click here to enter text.  Entered: SACRSE ☐ SCADETL ☐ SCARRES ☐ SCAPREQ ☐