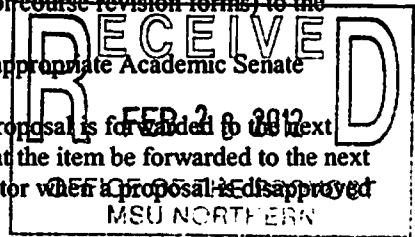


ACADEMIC SENATE PROPOSAL TRACKING SHEET

(Document To Be Originated By Academic Senate Secretary On Canary Color Paper)

All proposals **MUST** have their originating college faculty body (Ex. Arts & Sciences, Education and Nursing; Technical Sciences) approval and must be signed by the submitter and the college dean before being submitted to the Academic Senate Secretary.

1. Submit all proposals (using the appropriate Academic Senate program/degree and/or course revision forms) to the Academic Senate Secretary.
2. The Academic Senate Secretary logs and numbers items and forwards them to the appropriate Academic Senate subcommittee(s): General Education (if applicable), or Curriculum.
3. The Academic Senate subcommittee(s) consider(s) the proposal. If approved, the proposal is forwarded to the next committee. If a committee disapproves the proposal, the originator may request that the item be forwarded to the next body for consideration. The committee will provide written rationale to the originator when a proposal is disapproved and the proposal is returned to the originator.
4. The Academic Senate considers the proposal and approves or disapproves. If approved, the proposal is forwarded to the Full Faculty for consideration. If the Academic Senate disapproves the proposal, the originator may request that the item be forwarded to the Full Faculty for consideration. The Academic Senate will provide written rationale to the originator when proposals are disapproved and the proposal is returned to the originator.
5. The Full Faculty considers Academic Senate approved proposals. If faculty approve, the proposal will then be forwarded to the Provost. The Provost approves or disapproves the proposal. If approved, the proposal is then forwarded to the Chancellor.
7. The Chancellor approves or disapproves the proposal.



Subcommittee and Academic Senate college representatives will notify their respective colleges' of the progress of submitted proposals or the proposal may be tracked via the web page --

<http://www.msun.edu/admin/provost/asproposals.htm>

Documentation and forms for the curriculum process is also available on the web page:

<http://www.msun.edu/admin/provost/asforms.htm>

***** (If a proposal is disapproved at any level, it is returned through the Academic Senate secretary to the Dean of the submitting college who then notifies the originator.)

Proposal # <u>11-116</u>	Title: <u>Remove BUED courses from the catalog</u>
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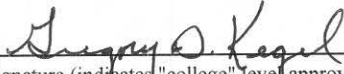
(proposal explanation, submitter and college dean signatures on attached program/degree or course revision form)

	Date				
Received by ACAD Senate	<u>12-12-11</u>				
Forwarded to Gen Ed Committee ^{PEU}	<u>4/18/12</u>	Approved <input checked="" type="checkbox"/>	Disapproved <input type="checkbox"/>	Signature <u>Rosalyn Anon Templeton</u>	Date <u>1-19-12</u>
Returned to ACAD Senate	<u>—</u>				
Forwarded to Curriculum Committee	<u>NA</u>	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	Signature _____	Date _____
Returned to ACAD Senate	<u>—</u>				
Forwarded to Graduate Council	<u>NA</u>	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	Signature _____	Date _____
Returned to ACAD Senate for Vote	<u>2-2-12</u>	Approved <input checked="" type="checkbox"/>	Disapproved <input type="checkbox"/>	Signature _____	Date _____
Forwarded to Provost for Approval/Disapproval	<u>2-28-12</u>	Approved <input checked="" type="checkbox"/>	Disapproved <input type="checkbox"/>	Signature <u>Rosalyn Anon Templeton</u>	Date <u>3-1-12</u>
Forwarded to Chancellor for Approval/Disapproval	<u>—</u>	Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>	Signature <u>James W. ...</u>	Date <u>3-4-12</u>
Copies sent to originating college and	<u>—</u>				

COURSE REVISION FORM

NEW _____ DROPPED X MAJOR REVISION _____ FOR INFORMATION ONLY _____

College COTS Program Area Business Date 12/5/11

Submitter  Dean  Date 12.12.2011
Signature Signature (indicates "college" level approval)

Please provide a brief explanation & rationale for the proposed revision(s):
No more business ed degree.

Please provide the following information:

College: COTS

Program Area: Business

Date:

Course Prefix & No.: BUED 100

Course Title: Keyboarding

Credits: 2

Required by: - -

Selective in:

Elective in:

General Education:

Lecture:

Lecture/Lab:

Gradable Lab:

Contact hours lecture:

Contact hours lab:

Current Catalog Description (include all prerequisites):

Proposed or New Catalog Description (include all prerequisites):

Course Outcome Objectives:

Additional instructional resources needed (including library materials, special equipment, and facilities). Please note: approval does not indicate support for new faculty or additional resources.

COURSE REVISION FORM

NEW _____ DROPPED X MAJOR REVISION _____ FOR INFORMATION ONLY _____

College COTS Program Area Business Date 12/5/11

Submitter [Signature] Dean [Signature] Date 12.12.2011
Signature (indicates "college" level approval)

Please provide a brief explanation & rationale for the proposed revision(s):
No more business ed degree.

Please provide the following information:

College: COTS

Program Area: Business

Date:

Course Prefix & No.: BUED 110

Course Title: Intro to Business Education

Credits: 1

Required by: - -

Selective in:

Elective in:

General Education:

Lecture:

Lecture/Lab:

Gradable Lab:

Contact hours lecture:

Contact hours lab:

Current Catalog Description (include all prerequisites):

Proposed or New Catalog Description (include all prerequisites):


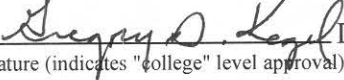
Course Outcome Objectives:

Additional instructional resources needed (including library materials, special equipment, and facilities). Please note: approval does not indicate support for new faculty or additional resources.

COURSE REVISION FORM

NEW _____ DROPPED X MAJOR REVISION _____ FOR INFORMATION ONLY _____

College COTS Program Area Business Date 12/5/11

Submitter  Dean  Date 12.12.2011
Signature (indicates "college" level approval)

Please provide a brief explanation & rationale for the proposed revision(s):
No more business ed degree.

Please provide the following information:

College: COTS

Program Area: Business

Date:

Course Prefix & No.: BUED 238

Course Title: Automated Office

Credits: 3

Required by: - -

Selective in:

Elective in:

General Education:

Lecture:

Lecture/Lab:

Gradable Lab:

Contact hours lecture:

Contact hours lab:

Current Catalog Description (include all prerequisites):

Proposed or New Catalog Description (include all prerequisites):

Course Outcome Objectives:

Additional instructional resources needed (including library materials, special equipment, and facilities). Please note: approval does not indicate support for new faculty or additional resources.

COURSE REVISION FORM

NEW _____ DROPPED X MAJOR REVISION _____ FOR INFORMATION ONLY _____

College COTS Program Area Business Date 12/5/11

Submitter  Dean  Date 12.12.2011
Signature (indicates "college" level approval)

Please provide a brief explanation & rationale for the proposed revision(s):
No more business ed degree.

Please provide the following information:

College: COTS

Program Area: Business

Date:

Course Prefix & No.: BUED 280

Course Title: The Internet, Web Page Design, and On-Line Course Supplements
for Educators

Credits: 2

Required by: - -

Selective in:

Elective in:

General Education:

Lecture:

Lecture/Lab:

Gradable Lab:

Contact hours lecture:

Contact hours lab:

Current Catalog Description (include all prerequisites):

Proposed or New Catalog Description (include all prerequisites):

Course Outcome Objectives:

Additional instructional resources needed (including library materials, special equipment, and facilities). Please note: approval does not indicate support for new faculty or additional resources.

COURSE REVISION FORM

NEW _____ DROPPED X MAJOR REVISION _____ FOR INFORMATION ONLY _____

College COTS Program Area Business Date 12/5/11

Submitter  Dean  Date 12.12.2011
Signature (indicates "college" level approval)

Please provide a brief explanation & rationale for the proposed revision(s):
No more business ed degree.

Please provide the following information:

College: COTS

Program Area: Business

Date:

Course Prefix & No.: BUED 298

Course Title: Cooperative Education

Credits: 1 - 12

Required by: - -

Selective in:

Elective in:

General Education:

Lecture:

Lecture/Lab:

Gradable Lab:

Contact hours lecture:

Contact hours lab:

Current Catalog Description (include all prerequisites):

Proposed or New Catalog Description (include all prerequisites):

Course Outcome Objectives:

Additional instructional resources needed (including library materials, special equipment, and facilities). Please note: approval does not indicate support for new faculty or additional resources.

COURSE REVISION FORM

NEW _____ DROPPED MAJOR REVISION _____ FOR INFORMATION ONLY _____

College COTS Program Area Business Date 12/5/11

Submitter  Dean  Date 12.12.2011
Signature (indicates "college" level approval)

Please provide a brief explanation & rationale for the proposed revision(s):
No more business ed degree.

Please provide the following information:

College: COTS

Program Area: Business

Date:

Course Prefix & No.: BUED 315, 316, 317, 318, & 319

Course Title: Methods Courses

Credits: 1

Required by: - -

Selective in:

Elective in:

General Education:

Lecture:

Lecture/Lab:

Gradable Lab:

Contact hours lecture:

Contact hours lab:

Current Catalog Description (include all prerequisites):

Proposed or New Catalog Description (include all prerequisites):

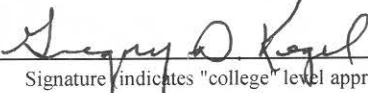
Course Outcome Objectives:

Additional instructional resources needed (including library materials, special equipment, and facilities). Please note: approval does not indicate support for new faculty or additional resources.

COURSE REVISION FORM

NEW _____ DROPPED X MAJOR REVISION _____ FOR INFORMATION ONLY _____

College COTS Program Area Business Date 12/5/11

Submitter _____ Dean  Date 12.12.2011
Signature _____ Signature (indicates "college" level approval)

Please provide a brief explanation & rationale for the proposed revision(s):
No more business ed degree.

Please provide the following information:

College: COTS

Program Area: Business

Date:

Course Prefix & No.: BUED 421, 422, 423, & 424

Course Title: Methods Courses

Credits: 1

Required by: --

Selective in:

Elective in:

General Education:

Lecture:

Lecture/Lab:

Gradable Lab:

Contact hours lecture:

Contact hours lab:

Current Catalog Description (include all prerequisites):

Proposed or New Catalog Description (include all prerequisites):

Course Outcome Objectives:

Additional instructional resources needed (including library materials, special equipment, and facilities). Please note: approval does not indicate support for new faculty or additional resources.

COURSE REVISION FORM

NEW _____ DROPPED X MAJOR REVISION _____ FOR INFORMATION ONLY _____

College COTS Program Area Business Date 12/5/11

Submitter  Dean  Date 12/12/2011
Signature (indicates "college" level approval)

Please provide a brief explanation & rationale for the proposed revision(s):
No more business ed degree.

Please provide the following information:

College: COTS

Program Area: Business

Date:

Course Prefix & No.: BUED 455

Course Title: Pre-Practicum Seminar

Credits: 1

Required by: - -

Selective in:

Elective in:

General Education:

Lecture:

Lecture/Lab:

Gradable Lab:

Contact hours lecture:

Contact hours lab:

Current Catalog Description (include all prerequisites):

Proposed or New Catalog Description (include all prerequisites):

Course Outcome Objectives:

Additional instructional resources needed (including library materials, special equipment, and facilities). Please note: approval does not indicate support for new faculty or additional resources.

COURSE REVISION FORM

NEW _____ DROPPED X MAJOR REVISION _____ FOR INFORMATION ONLY _____

College COTS Program Area Business Date 12/5/11

Submitter  Dean  Date 12.12.2011
Signature (indicates "college" level approval)

Please provide a brief explanation & rationale for the proposed revision(s):
No more business ed degree.

Please provide the following information:

College: COTS

Program Area: Business

Date:

Course Prefix & No.: BUED 498

Course Title: Cooperative Education

Credits: 1 - 12

Required by: - -

Selective in:

Elective in:

General Education:

Lecture:

Lecture/Lab:

Gradable Lab:

Contact hours lecture:

Contact hours lab:

Current Catalog Description (include all prerequisites):

Proposed or New Catalog Description (include all prerequisites):

Course Outcome Objectives:

Additional instructional resources needed (including library materials, special equipment, and facilities). Please note: approval does not indicate support for new faculty or additional resources.