

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(100-400 LEVEL)

EPD 1-09

DEPARTMENT Mechanical Engineering SEMESTER Fall 2009 SESSION SP 2011

- INSTRUCTIONS: Please check the items below which describe the purpose of the request.
- | | |
|---|---|
| <input checked="" type="checkbox"/> 1. New course with supporting documents | <input type="checkbox"/> 7. Change in course attributes (department head signature only) |
| <input type="checkbox"/> 2. Add existing course offered at another campus | <input type="checkbox"/> 8. Change in instructional hours |
| <input type="checkbox"/> 3. Expiration of a course | <input type="checkbox"/> 9. Change in course description |
| <input type="checkbox"/> 4. Change in course number | <input type="checkbox"/> 10. Change in course requisites |
| <input type="checkbox"/> 5. Change in course title | <input type="checkbox"/> 11. Change in semesters offered (department head signature only) |
| <input type="checkbox"/> 6. Change in course credit/type | <input type="checkbox"/> 12. Transfer from one department to another |

PROPOSED: Subject Abbreviation ME EXISTING: Subject Abbreviation _____
 Course Number 29199 Course Number 28500
 Long Title Professional Practice Program - 5-Term Session - Work Term 1
 Short Title Prof Practice Extensive I
Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

TERMS OFFERED
Check All That Apply:
 Summer Fall Spring

CAMPUS(ES) INVOLVED
 Calumet N. Central
 Cont Ed Tech Statewide
 Ft. Wayne W. Lafayette
 Indianapolis

CREDIT TYPE

1. Fixed Credit: Cr. Hrs.	1. Pass/Not Pass Only <input checked="" type="checkbox"/>	7. Registration Approval Type <input checked="" type="checkbox"/>
2. Variable Credit Range: Minimum Cr. Hrs. To _____ Or _____ Maximum Cr. Hrs. _____	2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/>	8. Variable Title <input type="checkbox"/>
3. Equivalent Credit: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	3. Repeatable <input type="checkbox"/>	9. Remedial <input type="checkbox"/>
4. Thesis Credit: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Maximum Repeatable Credit: _____ Credit by Examination <input type="checkbox"/>	10. Honors <input type="checkbox"/>
	Signature Required <input type="checkbox"/>	11. Full Time Privilege <input type="checkbox"/>
	Special Fees <input checked="" type="checkbox"/>	12. Off Campus Experience <input checked="" type="checkbox"/>

Department Instructor _____

Instructional Type	Minutes Per Mo	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium (Audio, Internet, Text-Based, Video)	Cross-Listed Courses
Lecture							
Recitation							
Presentation							
Laboratory							
Prep							
Studio							
Distance							
Clinic							
Experiential							
Research							
Ind. Study							
Pract/Observ							

COURSE DESCRIPTION (INCLUDE REQUISITES):
ME 29199 Sem. 1, 2, or SS. Credit: 0
 Industrial Practice Program - 5-Term Session - Work Session 1
 Changing Professional Practice Program course numbers to maintain consistency throughout all disciplines.

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____	Fort Wayne Chancellor _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Date Approved by Graduate Council _____
North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____	Graduate Council Secretary _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____	West Lafayette Registrar _____ Date _____

11/10
[Signature]

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(100-400 LEVEL)

EFD 1-09

DEPARTMENT Mechanical Engineering		SEMESTER Fall 2009	
INSTRUCTIONS: Please check the items below which describe the purpose of the request.			
<input checked="" type="checkbox"/> 1. New course with supporting documents <input type="checkbox"/> 2. Add existing course offered at another campus <input type="checkbox"/> 3. Expiration of a course <input type="checkbox"/> 4. Change in course number <input type="checkbox"/> 5. Change in course title <input type="checkbox"/> 6. Change in course credit/type	<input type="checkbox"/> 7. Change in course attributes (department head signature only) <input type="checkbox"/> 8. Change in instructional hours <input type="checkbox"/> 9. Change in course description <input type="checkbox"/> 10. Change in course requisites <input type="checkbox"/> 11. Change in semesters offered (department head signature only) <input type="checkbox"/> 12. Transfer from one department to another		
PROPOSED: Subject Abbreviation ME Course Number 29299 Long Title Professional Practice Program - 5-Term Session - Work Term 2 Short Title Prof Practice Extensive II		EXISTING: Subject Abbreviation _____ Course Number 28600 Long Title Extensive COOP II Short Title _____	
CREDIT TYPE 1. Fixed Credit: Cr. Hrs. 2. Variable Credit Range: Minimum Cr. Hrs. (Check One) To _____ Or _____ Maximum Cr. Hrs. 0 3. Equivalent Credit: Yes <input type="checkbox"/> 4. Thesis Credit: Yes <input type="checkbox"/>		COURSE ATTRIBUTES: Check All That Apply 1. Pass/Not Pass Only <input type="checkbox"/> 2. Satisfactory/Unsatisfactory Only <input type="checkbox"/> 3. Repeatable <input type="checkbox"/> Maximum Repeatable Credit: _____ Credit by Examination <input type="checkbox"/> Signature Required <input type="checkbox"/> Special Fees <input checked="" type="checkbox"/>	
Instructional Type Lecture _____ Recitation _____ Presentation _____ Laboratory _____ Prep _____ Studio _____ Distance _____ Clinic _____ Experiential <input checked="" type="checkbox"/> Research _____ Ind. Study _____ Pract/Observ _____		Delivery Method (Asyn. Or Syn.) _____ Delivery Medium (Audio, Internet, Text-Based, Video) _____ Department <input checked="" type="checkbox"/> Instructor XXXXXXXXXX 7. Registration Approval Type _____ 8. Variable Title _____ 9. Remedial _____ 10. Honors _____ 11. Full Time Privilege _____ 12. Off-Campus Experience _____	
COURSE DESCRIPTION (INCLUDE REQUISITES):			
ME 29299 Sem. 1, 2, or SS. Credit: 0 Industrial Practice Program - 5-Term Session - Work Session 2 Changing Professional Practice Program course numbers to maintain consistency throughout all disciplines.			
Calumet Department Head _____ Date _____		Calumet School Dean _____ Date _____	
Fort Wayne Department Head _____ Date _____		Fort Wayne School Dean _____ Date _____	
Indianapolis Department Head _____ Date _____		Indianapolis School Dean _____ Date _____	
North Central Department Head _____ Date _____		North Central Chancellor _____ Date _____	
West Lafayette Department Head _____ Date _____		West Lafayette College/School Dean _____ Date _____	
_____ Date _____ Graduate Council Secretary _____ Date _____		_____ Date _____ Undergrad Curriculum Committee _____ Date _____ _____ Date Approved by Graduate Council	

11/2/09

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(100-400 LEVEL)

EFD 1-09

DEPARTMENT Mechanical Engineering SESSION Fall 2009 SP 2011

- INSTRUCTIONS: Please check the item(s) which apply to describe the purpose of this request.
- | | | | |
|-------------------------------------|--|--------------------------|--|
| <input checked="" type="checkbox"/> | 1. New course with supporting documents | <input type="checkbox"/> | 7. Change in course attributes (department head signature only) |
| <input type="checkbox"/> | 2. Add existing course offered at another campus | <input type="checkbox"/> | 8. Change in instructional hours |
| <input type="checkbox"/> | 3. Expiration of a course | <input type="checkbox"/> | 9. Change in course description |
| <input type="checkbox"/> | 4. Change in course number | <input type="checkbox"/> | 10. Change in course requisites |
| <input type="checkbox"/> | 5. Change in course title | <input type="checkbox"/> | 11. Change in semesters offered (department head signature only) |
| <input type="checkbox"/> | 6. Change in course credit/type | <input type="checkbox"/> | 12. Transfer from one department to another |

PROPOSED: Subject Abbreviation ME EXISTING: Subject Abbreviation

Course Number 39399 Course Number 20700

Long Title Professional Practice Program - 5 Term Session - Work Term 3

Short Title Prof Practice Extensive III

TERMS OFFERED: Check All That Apply: Summer Fall Spring

CAMPUS(ES) INVOLVED: Calumet N. Central Cont Ed Tech Statewide Ft. Wayne W. Lafayette Indianapolis

Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

CREDIT TYPE: 1. Fixed Credit: Cr. Hrs. 0

2. Variable Credit Range: Minimum Cr. Hrs. 0 To 0 Or 0 Maximum Cr. Hrs. 0

3. Equivalent Credit: Yes No

4. Thesis Credit: Yes No

COURSE ATTRIBUTES: Check All That Apply

1. Pass/Not Pass Only 2. Satisfactory/Unsatisfactory Only 3. Repeatable 4. Maximum Repeatable Credit: 5. Credit by Examination 6. Signature Required 7. Registration Approval Type: Department Instructor

8. Variable Title 9. Remedial 10. Honors 11. Full Time Privilege 12. Off Campus Experience

Instructional Type	Minutes Per Min	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium (Audio, Internet, CD, Text-Based, Video)	Cross-Listed Courses
Lecture							
Recitation							
Presentation							
Laboratory							
Prep							
Studio							
Distance							
Clinic							
Experiential							
Research							
Ind. Study							
Pract/Observ							

COURSE DESCRIPTION (INCLUDE REQUISITES):

ME 39399 Sem. 1, 2, or SS. Credit: 0

Industrial Practice Program - 5-Term Session - Work Session 3

Changing Professional Practice Program course numbers to maintain consistency throughout all disciplines.

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____	Fort Wayne Chancellor _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Date Approved by Graduate Council _____
North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____	Graduate Council Secretary _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____	West Lafayette Registrar _____ Date _____

David Horlemann 2/15/2008 *Michael J. King* 6/15/09

11/21/10

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(100-400 LEVEL)

EPD 1-09

DEPARTMENT: Mechanical Engineering E SESSION: Fall 2009 SP 2011

INSTRUCTIONS: Please check the items below which describe the purpose of the request.

<input checked="" type="checkbox"/> 1. New course with supporting documents	<input type="checkbox"/> 7. Change in course attributes (department head signature only)
<input type="checkbox"/> 2. Add existing course offered at another campus	<input type="checkbox"/> 8. Change in instructional hours
<input type="checkbox"/> 3. Expiration of a course	<input type="checkbox"/> 9. Change in course description
<input type="checkbox"/> 4. Change in course number	<input type="checkbox"/> 10. Change in course requisites
<input type="checkbox"/> 5. Change in course title	<input type="checkbox"/> 11. Change in semesters offered (department head signature only)
<input type="checkbox"/> 6. Change in course credit/type	<input type="checkbox"/> 12. Transfer from one department to another

PROPOSED: Subject Abbreviation ME EXISTING: Subject Abbreviation _____
 Course Number 39499 Course Number 28800

Long Title: Professional Practice Program - 5-Term Session - Work Term 4
 Short Title: Prof Practice Extensive IV
Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

TERMS OFFERED: Check All That Apply: Summer Fall Spring

CAMPUS(ES) INVOLVED: Calumet N. Central
 Cont Ed Tech Statewide
 Ft. Wayne W. Lafayette
 Indianapolis

CREDIT TYPE		COURSE ATTRIBUTES: Check All That Apply	
1. Fixed Credit: Cr. Hrs.		1. Pass/Not Pass Only	<input type="checkbox"/>
2. Variable Credit Range:		2. Satisfactory/Unsatisfactory Only	<input type="checkbox"/>
Minimum Cr. Hrs.		3. Repeatable	<input type="checkbox"/>
(Check One) To <input type="checkbox"/> Or <input type="checkbox"/>		Maximum Repeatable Credit:	
Maximum Cr. Hrs. <u>0</u>		Credit by Examination	<input type="checkbox"/>
3. Equivalent Credit: Yes <input type="checkbox"/>		Signature Required	<input type="checkbox"/>
4. Thesis Credit: Yes <input type="checkbox"/>		Special Fees	<input checked="" type="checkbox"/>
Instructional Type	Minutes Per Min	Meetings Per Week	Weeks Offered
Lecture			
Recitation			
Presentation			
Laboratory			
Prep			
Studio			
Distance			
Clinic			
Experiential			
Research			
Ind. Study			
Pract/Observ			

7. Registration Approval Type: Department Instructor

8. Variable Title

9. Remedial

10. Honors

11. Full Time Privilege

12. Off Campus Experience

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES):
ME 39499 Sem. 1, 2, or SS. Credit: 0
 Industrial Practice Program - 5-Term Session - Work Session 4
 Changing Professional Practice Program course numbers to maintain consistency throughout all disciplines.

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____	Fort Wayne Chancellor _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Date Approved by Graduate Council _____
North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____	Graduate Council Secretary _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____	West Lafayette Registrar _____ Date _____

1/12/10

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(100-400 LEVEL)

EPD 1-09

DEPARTMENT Mechanical Engineering SESSION Fall 2009 SP 2011

- INSTRUCTIONS: Please check the items below which describe the purpose of the request.
- 1. New course with supporting documents
 - 2. Add existing course offered at another campus
 - 3. Expiration of a course
 - 4. Change in course number
 - 5. Change in course title
 - 6. Change in course credit/type
 - 7. Change in course attributes (department head signature only)
 - 8. Change in instructional hours
 - 9. Change in course description
 - 10. Change in course requisites
 - 11. Change in semesters offered (department head signature only)
 - 12. Transfer from one department to another

PROPOSED: Subject Abbreviation ME EXISTING: Subject Abbreviation _____
 Course Number 39599 Course Number 28900
 Long Title Professional Practice Program - 5 Term Session - Work Term 5
 Short Title Prof Practice Extensive V
Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

TERMS OFFERED
Check All That Apply:
 Summer Fall Spring

CAMPUS(ES) INVOLVED
 Calumet N. Central
 Cont Ed Tech Statewide
 Ft. Wayne W. Lafayette
 Indianapolis

CREDIT TYPE

1. Fixed Credit: Cr. Hrs. _____
 2. Variable Credit Range:
 Minimum Cr. Hrs. _____ To _____ Or _____
 Maximum Cr. Hrs. 0
 3. Equivalent Credit: Yes No
 4. Thesis Credit: Yes No

COURSE ATTRIBUTES: Check All That Apply

1. Pass/Not Pass Only
 2. Satisfactory/Unsatisfactory Only
 3. Repeatable
 Maximum Repeatable Credit: _____
 Credit by Examination
 Signature Required
 Special Fees

7. Registration Approval Type
 Department Instructor _____
 8. Variable Title _____
 9. Remedial _____
 10. Honors _____
 11. Full Time Privilege _____
 12. Off Campus Experience _____

Instructional Type	Minutes Per Mo	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium (Audio, Internet, Text-Based, Video)	Cross-Listed Courses
Lecture							
Recitation							
Presentation							
Laboratory							
Prep							
Studio							
Distance							
Clinic							
Experiential	<input checked="" type="checkbox"/>						
Research							
Ind. Study							
Pract/Observ							

COURSE DESCRIPTION (INCLUDE REQUISITES):
ME 39599 Sem. 1, 2, or SS. Credit: 0
 Industrial Practice Program - 5-Term Session - Work Session 5
 Changing Professional Practice Program course numbers to maintain consistency throughout all disciplines.

Calumet Department Head	Date	Calumet School Dean	Date	Fort Wayne Chancellor	Date
Fort Wayne Department Head	Date	Fort Wayne School Dean	Date	Undergrad Curriculum Committee	Date
Indianapolis Department Head	Date	Indianapolis School Dean	Date	Date Approved by Graduate Council	
North Central Department Head	Date	North Central Chancellor	Date	Graduate Council Secretary	Date
West Lafayette Department Head	Date	West Lafayette College/School Dean	Date	West Lafayette Registrar	Date

5 Daniel Hildner 12/15/2008 *Michael P. ... 6/15/09*

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PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(100-400 LEVEL)

EPD 1-09

DEPARTMENT: **Mechanical Engineering** SESSION: **Fall 2009** *SP 2011*

INSTRUCTIONS: Please check the appropriate box(es) to describe the purpose of the request.

<input checked="" type="checkbox"/> 1. New course with supporting documents	<input type="checkbox"/> 7. Change in course attributes (department head signature only)
<input type="checkbox"/> 2. Add existing course offered at another campus	<input type="checkbox"/> 8. Change in instructional hours
<input type="checkbox"/> 3. Expiration of a course	<input type="checkbox"/> 9. Change in course description
<input type="checkbox"/> 4. Change in course number	<input type="checkbox"/> 10. Change in course requisites
<input type="checkbox"/> 5. Change in course title	<input type="checkbox"/> 11. Change in semesters offered (department head signature only)
<input type="checkbox"/> 6. Change in course credit/type	<input type="checkbox"/> 12. Transfer from one department to another

PROPOSED: Subject Abbreviation **ME** EXISTING: Subject Abbreviation _____
 Course Number **29199** Course Number **28500**

Long Title **Professional Practice Program - 5-Term Session - Work Term 1**
Extensive COOP I

Short Title **PP 5 Session-Term1**
Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

TERMS OFFERED: Check All That Apply:
 Summer Fall Spring

CAMPUS(ES) INVOLVED:
 Calumet N. Central
 Cont Ed Tech Statewide
 Ft. Wayne W. Lafayette
 Indianapolis

CREDIT TYPE		COURSE ATTRIBUTES: Check All That Apply	
1. Fixed Credit: Cr. Hrs.	1. Pass/Not Pass Only <input type="checkbox"/>	7. Registration Approval Type	Department <input type="checkbox"/> Instructor <input type="checkbox"/>
2. Variable Credit Range: Minimum Cr. Hrs. _____ (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> Maximum Cr. Hrs. 0	2. Satisfactory/Unsatisfactory Only <input type="checkbox"/>	8. Variable Title	
3. Equivalent Credit: Yes <input type="checkbox"/>	3. Repeatable <input type="checkbox"/>	9. Remedial	
4. Thesis Credit: Yes <input type="checkbox"/>	Maximum Repeatable Credit: _____ Credit by Examination <input type="checkbox"/>	10. Honors	
	Signature Required <input checked="" type="checkbox"/>	11. Full Time Privilege	
	Special Fees <input type="checkbox"/>	12. Off Campus Experience	
Instructional Type	Minutes Per Mo.	Meetings Per Week	Weeks Offered
Lecture			% of Credit Allocated
Recitation			Delivery Method (Asyn. Or Syn.)
Laboratory			Delivery Medium (Audio, Internet, Text-Based, Video)
Lab Prep			
Studio			
Distance			
Clinic			
Experiential			
Research			
Ind. Study			
Pract/Observ			

COURSE DESCRIPTION (INCLUDE REQUISITES):
ME 29199 Sem. 1, 2, or SS. Credit: 0
 Industrial Practice Program - 5-Term Session - Work Session 1
 Changing Professional Practice Program course numbers to maintain consistency throughout all disciplines.

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____	Fort Wayne Chancellor _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Date Approved by Graduate Council _____
North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____	Graduate Council Secretary _____ Date _____
West Lafayette Department Head <i>Daniel Horvath</i> _____ Date <i>2/15/2008</i>	West Lafayette College/School Dean <i>Michael J. Klein</i> _____ Date <i>6/15/09</i>	West Lafayette Registrar _____ Date _____

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(100-400 LEVEL)

EAD 1-09

DEPARTMENT: **Mechanical Engineering** SEMESTER SESSION: **Fall 2009**

INSTRUCTIONS: Please check the items below which describe the purpose of this request.

- | | |
|---|---|
| <input checked="" type="checkbox"/> 1. New course with supporting documents | <input type="checkbox"/> 7. Change in course attributes (department head signature only) |
| <input type="checkbox"/> 2. Add existing course offered at another campus | <input type="checkbox"/> 8. Change in instructional hours |
| <input type="checkbox"/> 3. Expiration of a course | <input type="checkbox"/> 9. Change in course description |
| <input type="checkbox"/> 4. Change in course number | <input type="checkbox"/> 10. Change in course requisites |
| <input type="checkbox"/> 5. Change in course title | <input type="checkbox"/> 11. Change in semesters offered (department head signature only) |
| <input type="checkbox"/> 6. Change in course credit/type | <input type="checkbox"/> 12. Transfer from one department to another |

PROPOSED: Subject Abbreviation: **ME** EXISTING: Subject Abbreviation: _____
 Course Number: **29299** Course Number: **28600**
 Long Title: **Professional Practice Program - 5-Term Session - Work Term 2**
 Short Title: **PP 5 Session-Term2**
Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

TERMS OFFERED
Check All That Apply:
 Summer Fall Spring
 CAMPUS(ES) INVOLVED
 Calumet N. Central
 Cont Ed Tech Statewide
 Ft. Wayne W. Lafayette
 Indianapolis

CREDIT TYPE: 1. Fixed Credit: Cr. Hrs. 2. Variable Credit Range: Minimum Cr. Hrs. (Check One) To Or Maximum Cr. Hrs. 3. Equivalent Credit: Yes No 4. Thesis Credit: Yes No

COURSE ATTRIBUTES: Check All That Apply
 1. Pass/Not Pass Only 2. Satisfactory/Unsatisfactory Only 3. Repeatable 4. Credit by Examination 5. Signature Required 6. Special Fees 7. Registration Approval Type Department Instructor 8. Variable Title 9. Remedial 10. Honors 11. Full Time Privilege 12. Off Campus Experience

Instructional Type	Minutes Per Mo.	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium (Audio, Internet, etc., Text-Based, Video)
Lecture						
Recitation						
Simulation						
Laboratory						
Labor Prep						
Studio						
Distance						
Clinic						
Experiential						
Research						
Ind. Study						
Pract/Observ						

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES):
ME 29299 Sem. 1, 2, or SS. Credit: 0
 Industrial Practice Program - 5-Term Session - Work Session 2
 Changing Professional Practice Program course numbers to maintain consistency throughout all disciplines.

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____	Fort Wayne Chancellor _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Date Approved by Graduate Council _____
North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____	Graduate Council Secretary _____ Date _____
<i>Daniel Hirleman</i> _____ Date <i>12/15/2008</i>	<i>Michael P. Klein</i> _____ Date <i>6/15/09</i>	West Lafayette Registrar _____ Date _____

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(100-400 LEVEL)

EFD 1-09

DEPARTMENT: Mechanical Engineering SESSION: Fall 2009 SP 2011

- INSTRUCTIONS: Please check the box(es) which describe the purpose of this request.
- | | |
|---|---|
| <input checked="" type="checkbox"/> 1. New course with supporting documents | <input type="checkbox"/> 7. Change in course attributes (department head signature only) |
| <input type="checkbox"/> 2. Add existing course offered at another campus | <input type="checkbox"/> 8. Change in instructional hours |
| <input type="checkbox"/> 3. Expiration of a course | <input type="checkbox"/> 9. Change in course description |
| <input type="checkbox"/> 4. Change in course number | <input type="checkbox"/> 10. Change in course requisites |
| <input type="checkbox"/> 5. Change in course title | <input type="checkbox"/> 11. Change in semesters offered (department head signature only) |
| <input type="checkbox"/> 6. Change in course credit/type | <input type="checkbox"/> 12. Transfer from one department to another |

PROPOSED: Subject Abbreviation ME EXISTING: Subject Abbreviation _____
 Course Number 39399 Course Number 28700
 Long Title Professional Practice Program - 5 Term Session - Work Term 3
 Short Title PP 5 Session-Term3
Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

TERMS OFFERED
Check All That Apply:
 Summer Fall Spring
 CAMPUS(ES) INVOLVED
 Calumet N. Central
 Cont Ed Tech Statewide
 Ft. Wayne W. Lafayette
 Indianapolis

CREDIT TYPE: 1. Fixed Credit: Cr. Hrs. 2. Variable Credit Range: Minimum Cr. Hrs. (Check One) To 0 Or _____ Maximum Cr. Hrs. 3. Equivalent Credit: Yes No 4. Thesis Credit: Yes No

COURSE ATTRIBUTES: Check All That Apply
 1. Pass/Not Pass Only 2. Satisfactory/Unsatisfactory Only 3. Repeatable 4. Credit by Examination 5. Signature Required 6. Special Fees 7. Registration Approval Type Department Instructor XXXXXXXXXX 8. Variable Title 9. Remedial 10. Honors 11. Full Time Privilege 12. Off Campus Experience

Instructional Type	Minutes Per Min	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium (Audio, Internet, Live, Text-Based, Video)	Cross-Listed Courses
Lecture							
Recitation							
Simulation							
Laboratory							
Law Prep							
Studio							
Distance							
Clinic							
Experiential							
Research							
Ind. Study							
Pract/Observ							

COURSE DESCRIPTION (INCLUDE REQUISITES):
ME 39399 Sem. 1, 2, or SS. Credit: 0
 Industrial Practice Program - 5-Term Session - Work Session 3
 Changing Professional Practice Program course numbers to maintain consistency throughout all disciplines.

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____	Fort Wayne Chancellor _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Date Approved by Graduate Council _____
North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____	Graduate Council Secretary _____ Date _____
<i>James Harleman</i> _____ Date <u>2/15/2008</u>	West Lafayette Department Head _____ Date _____	West Lafayette Registrar _____ Date _____
	<i>Michael J. ...</i> _____ Date <u>6/15/09</u>	

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(100-400 LEVEL)

EPD 1-09

DEPARTMENT Mechanical Engineering SESSION Fall 2009 SP 2011

INSTRUCTIONS: Please check the items which apply to the purpose of this request.

- | | |
|---|---|
| <input checked="" type="checkbox"/> 1. New course with supporting documents | <input type="checkbox"/> 7. Change in course attributes (department head signature only) |
| <input type="checkbox"/> 2. Add existing course offered at another campus | <input type="checkbox"/> 8. Change in instructional hours |
| <input type="checkbox"/> 3. Expiration of a course | <input type="checkbox"/> 9. Change in course description |
| <input type="checkbox"/> 4. Change in course number | <input type="checkbox"/> 10. Change in course requisites |
| <input type="checkbox"/> 5. Change in course title | <input type="checkbox"/> 11. Change in semesters offered (department head signature only) |
| <input type="checkbox"/> 6. Change in course credit/type | <input type="checkbox"/> 12. Transfer from one department to another |

PROPOSED: Subject Abbreviation ME EXISTING: Subject Abbreviation _____
 Course Number 39499 Course Number 28800
 Long Title Professional Practice Program - 5-Term Session - Work Term 4
 Short Title PP 5 Session-Term4
Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

TERMS OFFERED
Check All That Apply:
 Summer Fall Spring
 CAMPUS(ES) INVOLVED
 Calumet N. Central
 Cont Ed Tech Statewide
 Ft. Wayne W. Lafayette
 Indianapolis

CREDIT TYPE		COURSE ATTRIBUTES: Check All That Apply	
1. Fixed Credit: Cr. Hrs.	1. Pass/Not Pass Only <input type="checkbox"/>	7. Registration Approval Type	Instructor <u>TTTTTTTT</u>
2. Variable Credit Range: Minimum Cr. Hrs. _____ (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> Maximum Cr. Hrs. <u>0</u>	2. Satisfactory/Unsatisfactory Only <input type="checkbox"/>	8. Variable Title <input type="checkbox"/>	
3. Equivalent Credit: Yes <input type="checkbox"/>	3. Repeatable <input type="checkbox"/>	9. Remedial <input type="checkbox"/>	
4. Thesis Credit: Yes <input type="checkbox"/>	Maximum Repeatable Credit: Credit by Examination <input type="checkbox"/>	10. Honors <input type="checkbox"/>	
	Signature Required <input type="checkbox"/>	11. Full Time Privilege <input type="checkbox"/>	
	Special Fees <input type="checkbox"/>	12. Off Campus Experience <input type="checkbox"/>	

Instructional Type	Minutes Per Mtn	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium (Audio, Internet, Text-Based, Video)
Lecture						
Recitation						
Simulation						
Laboratory						
Lab Prep						
Studio						
Distance						
Clinic						
Experiential	<input checked="" type="checkbox"/>					
Research						
Ind. Study						
Pract/Observ						

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES):
ME 39499 Sem. 1, 2, or SS. Credit: 0
 Industrial Practice Program - 5-Term Session - Work Session 4
 Changing Professional Practice Program course numbers to maintain consistency throughout all disciplines.

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____	Fort Wayne Chancellor _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Date Approved by Graduate Council _____
North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____	Graduate Council Secretary _____ Date _____
<u>Daniel Hurlawa</u> _____ Date <u>2/5/2008</u>	<u>Michael T. ...</u> _____ Date <u>6/15/09</u>	West Lafayette Registrar _____ Date _____

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(100-400 LEVEL)

EFD 1-09

DEPARTMENT: Mechanical Engineering SESSION: Fall 2009 *SP 2011*

INSTRUCTIONS: Please check the appropriate box(es) to indicate the purpose of this request.

- | | |
|---|---|
| <input checked="" type="checkbox"/> 1. New course with supporting documents | <input type="checkbox"/> 7. Change in course attributes (department head signature only) |
| <input type="checkbox"/> 2. Add existing course offered at another campus | <input type="checkbox"/> 8. Change in instructional hours |
| <input type="checkbox"/> 3. Expiration of a course | <input type="checkbox"/> 9. Change in course description |
| <input type="checkbox"/> 4. Change in course number | <input type="checkbox"/> 10. Change in course requisites |
| <input type="checkbox"/> 5. Change in course title | <input type="checkbox"/> 11. Change in semesters offered (department head signature only) |
| <input type="checkbox"/> 6. Change in course credit/type | <input type="checkbox"/> 12. Transfer from one department to another |

PROPOSED: Subject Abbreviation ME EXISTING: Subject Abbreviation
 Course Number 39599 EXISTING: Course Number 28900
 Long Title Professional Practice Program - 5 Term Session - Work Term 5
 Short Title PP 5 Session-Term5
Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

TERMS OFFERED
Check All That Apply:
 Summer Fall Spring
 CAMPUS(ES) INVOLVED
 Calumet N. Central
 Cont Ed Tech Statewide
 Ft. Wayne W. Lafayette
 Indianapolis

CREDIT TYPE COURSE ATTRIBUTES: Check All That Apply

1. Fixed Credit: Cr. Hrs.	1. Pass/Not Pass Only <input type="checkbox"/>	7. Registration Approval Type
2. Variable Credit Range:	2. Satisfactory/Unsatisfactory Only <input type="checkbox"/>	Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/>
Minimum Cr. Hrs (Check One) To <input type="checkbox"/> Or <input type="checkbox"/>	3. Repeatable <input type="checkbox"/>	8. Variable Title <input type="checkbox"/>
Maximum Cr. Hrs <input type="checkbox"/>	Maximum Repeatable Credit:	9. Remedial <input type="checkbox"/>
3. Equivalent Credit: Yes <input type="checkbox"/>	By Examination <input type="checkbox"/>	10. Honors <input type="checkbox"/>
4. Thesis Credit: Yes <input type="checkbox"/>	Signature Required <input type="checkbox"/>	11. Full Time Privilege <input type="checkbox"/>
	Special Fees <input checked="" type="checkbox"/>	12. Off Campus Experience <input checked="" type="checkbox"/>

Instructional Type	Minutes Per Mo	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium (Audio, Internet, Text-Based, Video)
Lecture						
Recitation						
Demonstration						
Laboratory						
Lab Prep						
Studio						
Distance						
Clinic						
Experiential						
Research						
Ind. Study						
Pract/Observ						

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES):
ME 39599 Sem. 1, 2, or SS. Credit: 0
 Industrial Practice Program - 5-Term Session - Work Session 5
 Changing Professional Practice Program course numbers to maintain consistency throughout all disciplines.

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____	Fort Wayne Chancellor _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Date Approved by Graduate Council _____
North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____	Graduate Council Secretary _____ Date _____
<i>Daniel H. Holroyd</i> 12/15/2008 West Lafayette Department Head _____ Date _____	<i>Michael P. ...</i> 6/15/09 West Lafayette College/School Dean _____ Date _____	West Lafayette Registrar _____ Date _____

TO: The Engineering Faculty

FROM: The Faculty of the School of Mechanical Engineering

DATE: August 6, 2008

RE: New Courses ME 29199, ME 29299, ME 39399, ME 39499, ME39599

The Faculty of the School of Mechanical Engineering has approved the following new courses. This action is now submitted to the Engineering Faculty with a recommendation for approval.

Extensive
ME 29199 Professional Practice ~~5-Session~~ Co-Op I

Sem. 1, 2 or SS, cr. 0.

Restrictions: Professional Practice students only

Prerequisite: Sophomore standing or consent of instructor.

Professional experience in mechanical engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

Extensive
ME 29299 Professional Practice ~~5-Session~~ Co-Op II

Sem. 1, 2 or SS, cr. 0.

Restrictions: Professional Practice students only

Prerequisite: ME 29199

Professional experience in mechanical engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

Extensive
ME 39399 Professional Practice ~~5-Session~~ Co-Op III

Sem. 1, 2 or SS, cr. 0.

Restrictions: Professional Practice students only

Prerequisite: ME 29299

Professional experience in mechanical engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

Extensive
ME 39499 Professional Practice ~~5-Session~~ Co-Op IV

Sem. 1, 2 or SS, cr. 0.

Restrictions: Professional Practice students only

Prerequisite: ME 39399

Professional experience in mechanical engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

ME 39599 Professional Practice 5-Session Co-Op V

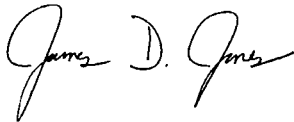
Sem. 1, 2 or SS, cr. 0.

Restrictions: Professional Practice students only

Prerequisite: ME 39499

Professional experience in mechanical engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

REASON: To maintain consistent course numbers and titles for Professional Practice courses throughout all disciplines participating in the Professional Practice Programs.



James D. Jones, Associate Professor and Associate Head
School of Mechanical Engineering

APPROVED FOR THE FACULTY
OF THE SCHOOLS OF ENGINEERING
BY THE ENGINEERING
CURRICULUM COMMITTEE

ECC Minutes #26

Date 4-22-09

Chairman ECC R. Cipra

