

**PURDUE UNIVERSITY**  
REQUEST FOR ADDITION, EXPIRATION,  
OR REVISION OF AN UNDERGRADUATE COURSE  
(10000-40000 LEVEL)

Print Form

*EPD 1-10*

DEPARTMENT School of Aeronautics and Astronautics

EFFECTIVE SESSION Fall 2010 *SP 2011*

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:

EXISTING:

Subject Abbreviation AAE

Subject Abbreviation \_\_\_\_\_

Course Number 38199

Course Number \_\_\_\_\_

Long Title Professional Practice 3 Session Co-op I

Short Title Prof. Practice Co-op I

Abbreviated title will be entered by the Office of the Registrar if omitted. (30 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. 0  
 2. Variable Credit Range:  
 Minimum Cr. Hrs. \_\_\_\_\_  
 (Check One) To  Or   
 Maximum Cr. Hrs. \_\_\_\_\_  
 3. Equivalent Credit: Yes  No

COURSE ATTRIBUTES: Check All That Apply

1. Pass/Not Pass Only   
 2. Satisfactory/Unsatisfactory Only   
 3. Repeatable   
 Maximum Repeatable Credit: \_\_\_\_\_  
 4. Credit by Examination   
 5. Special Fees   
 6. Registration Approval Type  
 Department  Instructor   
 7. Variable Title   
 8. Honors   
 9. Full Time Privilege   
 10. Off Campus Experience

ScheduleType	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture				
Recitation				
resentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential	<i>X</i>			
Research				
Ind. Study				
Pract/Observ				

Cross-Listed Courses

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Restrictions: Professional Practice students only  
 Prerequisites: Junior standing or consent of instructor  
 To obtain professional practice with qualified employers within industry, government, or small business.

\*COURSE LEARNING OUTCOMES:

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 School Dean _____ Date _____	North Central Vice Chancellor for Academic Affairs _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____

*Sandra Schaffer 11/17/10*  
 West Lafayette Registrar \_\_\_\_\_ Date \_\_\_\_\_

*11/17/10*



**PURDUE UNIVERSITY**  
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(10000-40000 LEVEL)

*EFD*  
*1-10*

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DEPARTMENT School of Aeronautics and Astronautics

EFFECTIVE SESSION Fall 2010 *SP 2011*

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- |   |   |
|---|---|
| <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                      |

<b>PROPOSED:</b> Subject Abbreviation <u>AAE</u> Course Number <u>38299</u> Long Title <u>Professional Practice 3-Session Co-op II</u> Short Title <u>Prof. Practice Co-op II</u>	<b>EXISTING:</b> Subject Abbreviation _____ Course Number _____	<b>TERMS OFFERED</b> Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring
Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)		<b>CAMPUS(ES) INVOLVED</b> <input type="checkbox"/> Calumet <input type="checkbox"/> N. Central <input type="checkbox"/> Cont Ed <input type="checkbox"/> Tech Statewide <input type="checkbox"/> Ft. Wayne <input checked="" type="checkbox"/> W. Lafayette <input type="checkbox"/> Indianapolis

<b>CREDIT TYPE</b> 1. Fixed Credit: Cr. Hrs. <u>0</u> 2. Variable Credit Range: Minimum Cr. Hrs. _____ (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> Maximum Cr. Hrs. _____ 3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>COURSE ATTRIBUTES: Check All That Apply</b> 1. Pass/Not Pass Only <input type="checkbox"/> 2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/> 3. Repeatable <input type="checkbox"/> Maximum Repeatable Credit: _____ 4. Credit by Examination <input type="checkbox"/> 5. Special Fees <input type="checkbox"/> 6. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/> 7. Variable Title <input type="checkbox"/> 8. Honors <input type="checkbox"/> 9. Full Time Privilege <input type="checkbox"/> 10. Off Campus Experience <input checked="" type="checkbox"/>
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ScheduleType	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated	Cross-Listed Courses _____ _____ _____ _____ _____
Lecture					
Recitation					
Presentation					
Laboratory					
Lab Prep					
Studio					
Distance					
Clinic					
Experiential	<i>X</i>				
Research					
Ind. Study					
Pract/Observ					

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**  
Restrictions: Professional Practice students only  
Prerequisites: AAE 38199  
To obtain professional practice with qualified employers within industry, government, or small business.

**\*COURSE LEARNING OUTCOMES:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 School Dean _____ Date _____	North Central Vice Chancellor for Academic Affairs _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____
	West Lafayette Registrar <i>Sandra Schaffer</i> 11/2/10 _____ Date _____

*11/1/10*  
*[Signature]*



**PURDUE UNIVERSITY**  
REQUEST FOR ADDITION, EXPIRATION,  
OR REVISION OF AN UNDERGRADUATE COURSE  
(10000-40000 LEVEL)

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*EFD 1-10*

DEPARTMENT School of Aeronautics and Astronautics

EFFECTIVE SESSION Fall 2010 *SP 2011*

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:**

**EXISTING:**

Subject Abbreviation AAE

Subject Abbreviation \_\_\_\_\_

Course Number 38399

Course Number \_\_\_\_\_

Long Title Professional Practice 3-Session Co-op III

Short Title Prof. Practice Co-op III

Abbreviated title will be entered by the Office of the Registrar if omitted. (30 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

**COURSE ATTRIBUTES: Check All That Apply**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Pass/Not Pass Only                          | <input type="checkbox"/> 6. Registration Approval Type                             |
| <input checked="" type="checkbox"/> 2. Satisfactory/Unsatisfactory Only | Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/> |
| <input type="checkbox"/> 3. Repeatable                                  | 7. Variable Title <input type="checkbox"/>   |
| Maximum Repeatable Credit: <input type="text"/>                         | 8. Honors <input type="checkbox"/>   |
| <input type="checkbox"/> 4. Credit by Examination                       | 9. Full Time Privilege <input checked="" type="checkbox"/>                         |
| <input checked="" type="checkbox"/> 5. Special Fees                     | 10. Off Campus Experience <input checked="" type="checkbox"/>                      |

ScheduleType	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture				
Recitation				
resentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential	<i>X</i>			
Research				
Ind. Study				
Pract/Observ				

**Cross-Listed Courses**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Restrictions: Professional Practice students only  
 Prerequisites: AAE 38299  
 To obtain professional practice with qualified employers within industry, government, or small business.

**\*COURSE LEARNING OUTCOMES:**

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 School Dean _____	Date _____	North Central Vice Chancellor for Academic Affairs _____	Date _____
West Lafayette Department Head _____	Date _____	West Lafayette College/School Dean _____	Date _____
		West Lafayette Registrar _____	Date <i>11/2/10</i>

OFFICE OF THE REGISTRAR

*11/10*  
*[Signature]*



**PURDUE UNIVERSITY**  
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(10000-40000 LEVEL)

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*EAD 1-10*

DEPARTMENT School of Aeronautics and Astronautics

EFFECTIVE SESSION Fall 2010 *SP 2011*

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 AAE

Course Number 38199

Long Title Professional Practice 3-Session Co-op I

Short Title Prof. Prac. 3-Sess. Co-op I

**EXISTING:**

Subject Abbreviation \_\_\_\_\_

Course Number \_\_\_\_\_

**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. (30 CHARACTERS ONLY)

**CREDIT TYPE**

1. Fixed Credit: Cr. Hrs. 0
2. Variable Credit Range:  
 Minimum Cr. Hrs. \_\_\_\_\_  
 (Check One) To  Or   
 Maximum Cr. Hrs. \_\_\_\_\_
3. Equivalent Credit: Yes  No

**COURSE ATTRIBUTES: Check All That Apply**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Pass/Not Pass Only                          | <input type="checkbox"/> 6. Registration Approval Type                             |
| <input checked="" type="checkbox"/> 2. Satisfactory/Unsatisfactory Only | Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/> |
| <input type="checkbox"/> 3. Repeatable                                  | 7. Variable Title <input type="checkbox"/>   |
| Maximum Repeatable Credit: _____  | 8. Honors <input type="checkbox"/>   |
| <input type="checkbox"/> 4. Credit by Examination                       | 9. Full Time Privilege <input checked="" type="checkbox"/>                         |
| <input checked="" type="checkbox"/> 5. Special Fees                     | 10. Off Campus Experience <input checked="" type="checkbox"/>                      |

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture	_____	_____	_____	_____
Recitation	_____	_____	_____	_____
Presentation	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
Lab Prep	_____	_____	_____	_____
Studio	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Clinic	_____	_____	_____	_____
Experiential	<u>X</u>	_____	_____	_____
Research	_____	_____	_____	_____
Ind. Study	_____	_____	_____	_____
Pract/Observ	_____	_____	_____	_____

**Cross-Listed Courses**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Restrictions: Professional Practice students only  
 Prerequisites: Junior standing or consent of instructor  
 To obtain professional practice with qualified employers within industry, government, or small business.

**\*COURSE LEARNING OUTCOMES:**

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 School Dean _____	Date _____	North Central Vice Chancellor for Academic Affairs _____	Date _____
West Lafayette Department Head _____	Date <u>11/17/10</u>	West Lafayette College/School Dean _____	Date <u>10/19/2010</u>
		West Lafayette Registrar _____	Date _____





**PURDUE UNIVERSITY**  
REQUEST FOR ADDITION, EXPIRATION,  
OR REVISION OF AN UNDERGRADUATE COURSE  
(10000-40000 LEVEL)

*EFD  
1-10*

Print Form

DEPARTMENT School of Aeronautics and Astronautics

EFFECTIVE SESSION Fall 2010

*SP 2011*

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 AAE

Course Number 38299

Long Title Professional Practice 3-Session Co-op II

Short Title Prof. Prac. 3-Sess. Co-op II

**EXISTING:**

Subject Abbreviation \_\_\_\_\_

Course Number \_\_\_\_\_

**TERMS OFFERED**

Check All That Apply:

- Summer     Fall     Spring

**CAMPUS(ES) INVOLVED**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Calumet      | <input type="checkbox"/> N. Central              |
| <input type="checkbox"/> Cont Ed      | <input type="checkbox"/> Tech Statewide          |
| <input type="checkbox"/> Ft. Wayne    | <input checked="" type="checkbox"/> W. Lafayette |
| <input type="checkbox"/> Indianapolis |  |

Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)

**CREDIT TYPE**

1. Fixed Credit: Cr. Hrs. 0
2. Variable Credit Range:  
Minimum Cr. Hrs. \_\_\_\_\_  
(Check One) To  Or   
Maximum Cr. Hrs. \_\_\_\_\_
3. Equivalent Credit: Yes  No

**COURSE ATTRIBUTES: Check All That Apply**

- |   |  |                                     |
|---|--|-------------------------------------|
| 1. Pass/Not Pass Only <input type="checkbox"/>                          | 6. Registration Approval Type Department <input checked="" type="checkbox"/> | Instructor <input type="checkbox"/> |
| 2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/> | 7. Variable Title <input type="checkbox"/>                                   |                                     |
| 3. Repeatable <input type="checkbox"/>                                  | 8. Honors <input type="checkbox"/>   |                                     |
| Maximum Repeatable Credit: _____  | 9. Full Time Privilege <input type="checkbox"/>                              |                                     |
| 4. Credit by Examination <input type="checkbox"/>                       | 10. Off Campus Experience <input checked="" type="checkbox"/>                |                                     |
| 5. Special Fees <input type="checkbox"/>                                |  |                                     |

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture	_____	_____	_____	_____
Recitation	_____	_____	_____	_____
Presentation	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
Lab Prep	_____	_____	_____	_____
Studio	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Clinic	_____	_____	_____	_____
Experiential	<u>X</u>	_____	_____	_____
Research	_____	_____	_____	_____
Ind. Study	_____	_____	_____	_____
Pract/Observ	_____	_____	_____	_____

**Cross-Listed Courses**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Restrictions: Professional Practice students only  
Prerequisites: AAE 38199  
To obtain professional practice with qualified employers within industry, government, or small business.

**\*COURSE LEARNING OUTCOMES:**

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 School Dean \_\_\_\_\_ Date \_\_\_\_\_ North Central Vice Chancellor for Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_

West Lafayette Department Head \_\_\_\_\_ Date \_\_\_\_\_ West Lafayette College/School Dean \_\_\_\_\_ Date \_\_\_\_\_ West Lafayette Registrar \_\_\_\_\_ Date \_\_\_\_\_



**PURDUE UNIVERSITY**  
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*EFD 1-10*

DEPARTMENT School of Aeronautics and Astronautics

EFFECTIVE SESSION Fall 2010

*SP 2011*

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:**

**EXISTING:**

Subject Abbreviation AAE

Subject Abbreviation \_\_\_\_\_

Course Number 38399

Course Number \_\_\_\_\_

Long Title Professional Practice 3-Session Co-op III

Short Title Prof. Prac. 3-Sess. Co-op III

Abbreviated title will be entered by the Office of the Registrar if omitted. (30 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. 0
2. Variable Credit Range:  
Minimum Cr. Hrs. \_\_\_\_\_  
(Check One) To  Or   
Maximum Cr. Hrs. \_\_\_\_\_
3. Equivalent Credit: Yes  No

**COURSE ATTRIBUTES: Check All That Apply**

- |   |   |
|---|---|
| 1. Pass/Not Pass Only <input type="checkbox"/>                          | 6. Registration Approval Type<br>Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/> |
| 2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/> | 7. Variable Title <input type="checkbox"/>  |
| 3. Repeatable <input type="checkbox"/>                                  | 8. Honors <input type="checkbox"/>  |
| Maximum Repeatable Credit: _____  | 9. Full Time Privilege <input checked="" type="checkbox"/>  |
| 4. Credit by Examination <input type="checkbox"/>                       | 10. Off Campus Experience <input checked="" type="checkbox"/>   |
| 5. Special Fees <input checked="" type="checkbox"/>                     |   |

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture	_____	_____	_____	_____
Recitation	_____	_____	_____	_____
Presentation	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
Lab Prep	_____	_____	_____	_____
Studio	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Clinic	_____	_____	_____	_____
Experiential	<u>X</u>	_____	_____	_____
Research	_____	_____	_____	_____
Ind. Study	_____	_____	_____	_____
Pract/Observ	_____	_____	_____	_____

**Cross-Listed Courses**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Restrictions: Professional Practice students only  
 Prerequisites: AAE 38299  
 To obtain professional practice with qualified employers within industry, government, or small business.

**\*COURSE LEARNING OUTCOMES:**

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 School Dean _____ Date _____	North Central Vice-Chancellor for Academic Affairs _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____

West Lafayette Registrar

Date \_\_\_\_\_



July 7, 2009

**TO:** Faculty of the College of Engineering  
**FROM:** Faculty of the School of Aeronautical and Astronautical Engineering  
**RE:** New Course AAE 38199, AAE 38299, AAE 38399

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

**AAE 38199 Professional Practice ~~3-Session~~ Co-Op I**

Sem 1, 2, and SS. Credits: 0  
Restrictions: Professional Practice students only  
Prerequisites: Junior standing or consent of instructor

To obtain professional practice with qualified employers within industry, government, or small business.

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**AAE 38299 Professional Practice ~~3-Session~~ Co-Op II**

Sem 1, 2, and SS. Credits: 0  
Restrictions: Professional Practice students only  
Prerequisites: AAE 38199

To obtain professional practice with qualified employers within industry, government, or small business.

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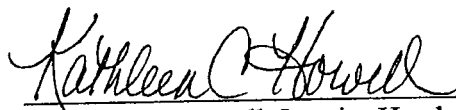
**AAE 38399 Professional Practice ~~3-Session~~ Co-Op III**

Sem 1, 2, and SS. Credits: 0  
Restrictions: Professional Practice students only  
Prerequisites: AAE 38299

To obtain professional practice with qualified employers within industry, government, or small business.

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**Rationale:** Transferring the 3-session Professional Practice courses into each individual discipline.



Kathleen C. Howell, Interim Head  
School of Aeronautical and Astronautical Engineering

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

ECC Minutes 15

Date 10/26/09

Chairman ECC R. Ciora

