

DEPARTMENT School of Electrical and Computer Engineering DATE SUBMITTED 2/3/2003 DATE EFFECTIVE Fall 2003

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

PURPOSE

- | | | | |
|--------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> | 1. Deletion of a course | <input checked="" type="checkbox"/> | 8. Change in semesters offered |
| <input type="checkbox"/> | 2. New course with supporting documents | <input type="checkbox"/> | 9. Change in course credit/type |
| <input type="checkbox"/> | 3. Add existing course offered at another campus | <input type="checkbox"/> | 10. Change in course attributes |
| <input type="checkbox"/> | 4. Change in course number at same level | <input type="checkbox"/> | 11. Change in instructional hours |
| <input type="checkbox"/> | 5. Downgrading of course level | <input type="checkbox"/> | 12. Change in prerequisites |
| <input type="checkbox"/> | 6. Upgrading of course level | <input type="checkbox"/> | 13. Change in description of course content |
| <input type="checkbox"/> | 7. Change in course title | <input type="checkbox"/> | 14. Transfer of course from one dept. to another |

EXISTING:

PROPOSED:

SEMESTERS OFFERED

Subject Abbreviation ECE Subject Abbreviation _____
 Course Number 556 Course Number _____
 Proposed Title Fundamentals of Microelectronics Processing (VLSI)
 Variable Title Yes No

Check All That Apply.
 Summer Fall Ag Winter Spring

* Offered in Alternate Year:

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

CROSS LISTED COURSES

CHE 556

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. Repeatable for Credit
 3. Available for Credit by Examination
 4. Designator Required
 5. Special Fees
 6. Approval Required for Enrollment
 Department _____
 Instructor _____

Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE
Primary			Auto-tutorial			Thesis		
Secondary			Ind. Study			Observation		
Laboratory			Clinic			Mats Based		
Lab. Prep.			Experiential					

CAMPUS(ES) INVOLVED

- Calumet
 Fort Wayne
 Indianapolis
 North Central
 West Lafayette
 Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Calumet Undergrad Curriculum Committee	Date	Calumet Department Head	Date	Calumet School Dean	Date
Fort Wayne Department Head	Date	Fort Wayne School Dean	Date	Fort Wayne Chancellor <i>Michael Zoltowski</i> Apr. for Faculty 2/26/03 M.D. Zoltowski, Chair	Date
Indianapolis Department Head	Date	Indianapolis School Dean	Date	Undergrad Curriculum Committee	Date
North Central Department Head	Date	North Central Vice Chancellor	Date	Date Approved by Graduate Council	
West Lafayette Department Head	Date	West Lafayette School Dean <i>L.D. Hays</i> 3/5/03	Date	Graduate Council Secretary <i>Marilyn D. Hest</i> 6/19/03	Date
Graduate Area Committee Convener	Date	Graduate Dean	Date	West Lafayette Registrar <i>Debra Sheets</i>	Date

CERTIFYING OFFICIAL

PURDUE UNIVERSITY
REQUEST FOR ADDITION, DELETION,
OR REVISION OF A COURSE

SCHOOL DOCUMENT NO. EFD10-02

GRADUATE COUNCIL DOCUMENT NO. _____

DEPARTMENT School of Electrical and Computer Engineering DATE SUBMITTED 2/3/2003 DATE EFFECTIVE Fall 2003

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| <input type="checkbox"/> 2. New course with supporting documents | <input type="checkbox"/> 9. Change in course credit/type |
| <input type="checkbox"/> 3. Add existing course offered at another campus | <input type="checkbox"/> 10. Change in course attributes |
| <input type="checkbox"/> 4. Change in course number at same level | <input type="checkbox"/> 11. Change in instructional hours |
| <input type="checkbox"/> 5. Downgrading of course level | <input type="checkbox"/> 12. Change in prerequisites |
| <input type="checkbox"/> 6. Upgrading of course level | <input type="checkbox"/> 13. Change in description of course content |
| <input type="checkbox"/> 7. Change in course title | <input type="checkbox"/> 14. Transfer of course from one dept. to another |

EXISTING:

PROPOSED:

SEMESTERS OFFERED

Subject Abbreviation ECE Subject Abbreviation _____
 Course Number 606 Course Number _____
 Proposed Title Solid-State Devices
 Variable Title Yes No

Check All That Apply.
 Summer Fall Ag Winter Spring

Abbreviated Title Solid-State Devices
 Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

CROSS LISTED COURSES

CREDIT TYPE

COURSE ATTRIBUTES: Check All That Apply.

- Fixed Credit: Cr. Hrs. _____
- Variable Credit Range:
 Minimum Cr. Hrs. _____
 (Check One) To Or
 Maximum Cr. Hrs. _____
- Equivalent Credit: Yes No
- Thesis Credit: Yes No

- Pass/Not Pass Only
- Repeatable for Credit
- Available for Credit by Examination
- Designator Required
- Special Fees
- Approval Required for Enrollment
 Department
 Instructor

Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE
Primary			Auto-tutorial			Thesis		
Secondary			Ind. Study			Observation		
Laboratory			Clinic			Mats Based		
Lab. Prep.			Experiential					

CAMPUS(ES) INVOLVED

Calumet	<input type="checkbox"/>
Fort Wayne	<input type="checkbox"/>
Indianapolis	<input type="checkbox"/>
North Central	<input type="checkbox"/>
West Lafayette	<input checked="" type="checkbox"/>
Off Campus	<input type="checkbox"/>

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Calumet Undergrad Curriculum Committee _____ Date	Calumet Department Head _____ Date	Calumet School Dean _____ Date
Fort Wayne Department Head _____ Date	Fort Wayne School Dean _____ Date	Fort Wayne Chancellor <i>Michael Joltowski</i> _____ Date Apr. for Faculty <u>2/26/03</u> M.D. Zoltowski, Chair Undergrad Curriculum Committee _____ Date
Indianapolis Department Head _____ Date	Indianapolis School Dean _____ Date	Date Approved by Graduate Council
North Central Department Head _____ Date	North Central Vice Chancellor _____ Date	<i>Marilyn D. Hunt</i> <u>6/18/03</u> Graduate Council Secretary _____ Date
<i>Mark J. J...</i> West Lafayette Department Head _____ Date	<i>J. N. K...</i> <u>3/5/03</u> West Lafayette School Dean _____ Date	<i>Debra Sheets</i> West Lafayette School Dean _____ Date
Graduate Area Committee Convener _____ Date	Graduate Dean _____ Date	West Lafayette School Dean _____ Date

OFFICE OF THE REGISTRAR

JUN 27 2003

DEPARTMENT School of Electrical and Computer Engineering DATE SUBMITTED 2/3/2003 DATE EFFECTIVE Fall 2003

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EXISTING:

PROPOSED:

Subject Abbreviation ECE Subject Abbreviation _____
 Course Number 612 Course Number _____
 Proposed Title Advanced VLSI Devices
 Variable Title Yes No

SEMESTERS OFFERED

Check All That Apply.

Summer Fall Ag Winter Spring

* Offered in Alternate Years.

Abbreviated Title Advanced VLSI Devices

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

CROSS LISTED COURSES

CREDIT TYPE

- Fixed Credit: Cr. Hrs. _____
- Variable Credit Range:
Minimum Cr. Hrs _____
(Check One) To Or
Maximum Cr. Hrs. _____
- Equivalent Credit: Yes No
- Thesis Credit: Yes No

COURSE ATTRIBUTES: Check All That Apply.

- Pass/Not Pass Only
- Repeatable for Credit
- Available for Credit by Examination
- Designator Required
- Special Fees
- Approval Required for Enrollment

Department
Instructor

Instructional Type
Primary
Secondary
Laboratory
Lab. Prep.

Class Hours

FTE

Instructional Type
Auto-tutorial
Ind. Study
Clinic
Experiential

Class Hours

FTE

Instructional Type
Thesis
Observation
Matis Based

Class Hours

FTE

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Indianapolis Department Head _____ Date	Indianapolis School Dean _____ Date	Undergrad Curriculum Committee _____ Date
North Central Department Head _____ Date	North Central Vice Chancellor _____ Date	Date Approved by Graduate Council
West Lafayette Department Head <u>W. J. Sheets</u> _____ Date	West Lafayette School Dean <u>W. J. Sheets</u> Date <u>3/5/03</u>	Graduate Council Secretary <u>Maureen D. Haist</u> Date <u>6/18/03</u>
Graduate Area Committee Convener _____ Date	Graduate Dean _____ Date	West Lafayette Registrar <u>Debra Sheets</u> _____ Date

OFFICE OF THE REGISTRAR

CERTIFYING OFFICIAL

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EXISTING:

PROPOSED:

SEMESTERS OFFERED

Subject Abbreviation ECE Subject Abbreviation _____
 Course Number 658 Course Number _____
 Proposed Title Semiconductor Material and Device Characterization
 Variable Title Yes No

Check All That Apply.
 Summer Fall Ag Winter Spring

* Offered in Alternate Years.

Abbreviated Title Sc Matl Device Charac
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West Lafayette Department Head <i>Mark J. ...</i>	Date	West Lafayette School Dean <i>L. J. ...</i>	Date 3/5/03	Graduate Council Secretary <i>Debra Sheets</i>	Date 6/18/03
Graduate Area Committee Convener	Date	Graduate Dean	Date	CERTIFYING OFFICIA West Lafayette Registrar	Date

