

DEPARTMENT Nuclear Engineering

DATE SUBMITTED 12/15/00 00-00-2000

DATE EFFECTIVE Fall 2001

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

PURPOSE

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Deletion of a course                            | <input type="checkbox"/> 8. Change in semesters offered                   |
| <input checked="" 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 \_\_\_\_\_ Subject Abbreviation NUCL  
Course Number \_\_\_\_\_ Course Number 495

Check All That Apply.  
Summer  Fall  Ag Winter  Spring

Proposed Title Professional Internship  
Variable Title Yes  No

Abbreviated Title Professional Internship  
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.

_____	1. Fixed Credit: Cr. Hrs. <u>0</u>	1. Pass/Not Pass Only <input type="checkbox"/>
_____	2. Variable Credit Range: Minimum Cr. Hrs _____ (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> Maximum Cr. Hrs. _____	2. Repeatable for Credit <input type="checkbox"/>
_____	3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Available for Credit by Examination <input type="checkbox"/>
_____	4. Thesis Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Designator Required <input type="checkbox"/>
_____		5. Special Fees <input type="checkbox"/>
_____		6. Approval Required for Enrollment Department <input type="checkbox"/> Instructor <input type="checkbox"/>

Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	CAMPUS(ES) INVOLVED
Primary	_____	_____	Auto-tutorial	_____	_____	Thesis	_____	_____	Calumet <input type="checkbox"/>
Secondary	_____	_____	Ind. Study	_____	_____	Observation	_____	_____	Fort Wayne <input type="checkbox"/>
Laboratory	_____	_____	Clinic	_____	_____	Matis Based	_____	_____	Indianapolis <input type="checkbox"/>
Lab. Prep.	_____	_____	Experiential	_____	_____				North Central <input type="checkbox"/>
									West Lafayette <input checked="" type="checkbox"/>
									Off Campus <input type="checkbox"/>

COURSE DESCRIPTION (PREREQUISITES INCLUDED):  
Sem. 1 and 2, SS, cr.0  
Professional experience in Nuclear Engineering. Program coordinated by School with cooperation of participating employers. Students submit a summary report. Course may be taken more than once.

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 <u>C.D. Sutton</u> <u>2/28/01</u> #945 Appr. for Faculty <u>2/28/01</u> C.D. Sutton, Chair <u>2/28/01</u>
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>Henry R. Bennett</u> <u>2-7-01</u> _____ Date _____	West Lafayette School Dean <u>J. J. Wagner</u> <u>2/7/01</u> _____ Date _____	Graduate Council Secretary <u>Debra Cheels</u> <u>3/7/01</u> _____ Date _____
Graduate Area Committee Convener _____ Date _____	Graduate Dean _____ Date _____	West Lafayette Registrar _____ Date _____

