

DEPARTMENT Aeronautics & Astronautics

DATE SUBMITTED 10/23/01

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 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 checked="" 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 AAE
Course Number 642

Subject Abbreviation _____
Course Number _____

Check All That Apply.

Summer Fall Ag Winter _____ Spring

Proposed Title Graduate Professional Practice
Variable Title Yes _____ No _____

Abbreviated Title Grad Profess Practice

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. 0
- 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 _____
Fort Wayne _____
Indianapolis _____
North Central _____
West Lafayette
Off Campus _____

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

AAE 642 Graduate Professional Practice, Sem. 1 and 2, SS. Cr. 0. Prerequisite: approval by the student's adviser or major professor and by the graduate professional practice administrator. (may be repeated)

Practice in industry and comprehensive written reports of this practice.

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>C.D. Sutton</i>	Date
Indianapolis Department Head	Date	Indianapolis School Dean	Date	Appr. for Faculty C.D. Sutton, Chair	#954 11/14/01
North Central Department Head	Date	North Central Vice Chancellor	Date	Undergrad Curriculum Committee	Date
West Lafayette Department Head	Date	West Lafayette School Dean	Date	Date Approved by Graduate Council	
Graduate Area Committee Convener	Date	Graduate Dean	Date	Graduate Council Secretary <i>Marilyn D. Leist</i>	Date 12/18/01
				West Lafayette Registrar <i>Debra Sheetz</i>	Date 12/26/01