

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF A GRADUATE COURSE
(500-600 LEVEL)

11-05

DEPARTMENT ECE EFFECTIVE SESSION F07

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

- | | |
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| <input type="checkbox"/> 1. New course with supporting documents (complete proposal form) | <input checked="" type="checkbox"/> 7. Change in course attributes |
| <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 checked="" 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 |
| <input type="checkbox"/> 6. Change in course credit/type | <input type="checkbox"/> 12. Transfer from one department to another |

PROPOSED: Subject Abbreviation <input type="text"/> Course Number <input type="text"/> Long Title <input type="text" value="Integrated Circuit Fabrication Laboratory"/> Short Title <input type="text"/> <small>Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)</small>	EXISTING: Subject Abbreviation <u>ECE</u> Course Number <u>557</u>	TERMS OFFERED Check All That Apply: <input type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> 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
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CREDIT TYPE 1. Fixed Credit: Cr. Hrs. <input type="text"/> 2. Variable Credit Range: Minimum Cr. Hrs. <input type="text"/> (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> Maximum Cr. Hrs. <input type="text"/> 3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/> 4. Thesis Credit: Yes <input type="checkbox"/> No <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: <input type="text"/> 4. Credit by Examination <input type="checkbox"/> 5. Designator Required <input type="checkbox"/> 6. Special Fees <input type="checkbox"/> 7. Registration Approval Type Department <input type="checkbox"/> Instructor <input checked="" type="checkbox"/> 8. Variable Title <input type="checkbox"/> 9. Remedial <input type="checkbox"/> 10. Honors <input type="checkbox"/> 11. Full Time Privilege <input type="checkbox"/> 12. Off Campus Experience <input type="checkbox"/>
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Instructional Type	Minutes Per Mtg	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								
Presentation								
Laboratory								
Lab Prep								
Studio								
Distance								
Clinic								
Experiential								
Research								
Ind. Study								
Pract/Observ								

COURSE DESCRIPTION (INCLUDE REQUISITES):

Please add the following instructions and URL to the Course Description webpage:

THIS COURSE HAS AN APPLICATION PROCESS DUE TO THE LARGE REQUESTS FOR ENROLLMENT. YOU MUST PASTE THE FOLLOWING URL INTO YOUR WEB BROWSER AND FOLLOW INSTRUCTIONS.

<https://engineering.purdue.edu/ECE/Admin/Forms/ECE557Enrollment>

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____	Calumet Undergrad Curriculum Committee _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____	Fort Wayne Chancellor _____ Date _____ <i>Michael J. Tolson 3/9/07</i>
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
North Central Department Head _____ Date _____ <i>Wahr</i>	North Central Chancellor _____ Date _____ <i>Michael J. Tolson 3/11/07</i>	Date Approved by Graduate Council _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____	Graduate Council Secretary _____ Date _____
Graduate Area Committee Convener _____ Date _____	Graduate Dean _____ Date _____	West Lafayette Registrar _____ Date _____

10/10/10