

REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF A COURSE

EFD 12-02

DEPARTMENT ECE

EFFECTIVE SESSION Fall 2006

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

- | | | | |
|--------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> | 1. New course with supporting documents | <input checked="" type="checkbox"/> | 7. Change in course attributes |
| <input type="checkbox"/> | 2. Add existing course | <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 |
| <input type="checkbox"/> | 6. Change in course credit/type | <input type="checkbox"/> | 12. Transfer from one department to another |

PROPOSED:

EXISTING:

TERMS OFFERED

Check All That Apply:

Subject Abbreviation _____ Subject Abbreviation ECE
 Course Number _____ Course Number 552
 Long Title Introduction to Lasers
 Short Title _____
 Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

Summer Spring Fall

CAMPUS(ES) INVOLVED

Calumet Ft. Wayne
 Indianapolis N. Central
 W.Lafayette Cont Ed
 Tech Statewide

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. Satisfactory/Unsatisfactory Only
 3. Repeatable
 Maximum repeatable credit:
 4. Credit by Examination
 5. Designator Required
 6. Special Fees

7. Registration Approval Type

- Department Instructor
 8. Variable Title
 9. Remedial
 10. Honors
 11. Full Time Privilege
 12. Off Campus Experience

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)
Lecture						
Recitation						
Presentation						
Laboratory						
Lab Prep						
Studio						
Distance						
Clinic						
Experiential						
Research						
Ind. Study						
Pract/Observ						

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES):

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 _____ Date _____
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____	Date Approved by Graduate Council _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____	Graduate Council Secretary _____ Date _____
Graduate Council Area Committee Chair _____ Date _____	Graduate Dean _____ Date _____	West Lafayette Registrar _____ Date _____

JM