

DEPARTMENT Aeronautics & Astronautics

DATE SUBMITTED 03/05/03

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 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 AAE  
 Course Number \_\_\_\_\_ Course Number 301  
 Proposed Title Signal Analysis for Aerospace Engineering  
 Variable Title Yes  No   
 Abbreviated Title Sig Anal for Aero Engr  
 Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

Check All That Apply.  
 Summer  Fall  Ag Winter  Spring

CROSS LISTED COURSES

CREDIT TYPE

COURSE ATTRIBUTES: Check All That Apply.

1. Fixed Credit: Cr. Hrs. 3  
 2. Variable Credit Range:  
 Minimum Cr. Hrs \_\_\_\_\_ Or \_\_\_\_\_  
 (Check One) To \_\_\_\_\_ Maximum Cr. Hrs. \_\_\_\_\_  
 3. Equivalent Credit: Yes  No   
 4. Thesis Credit: Yes  No

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	3		Auto-tutorial			Thesis		
Secondary			Ind. Study			Observation		
Laboratory			Clinic			Malls Based		
Lab. Prep.			Experiential					

CAMPUS(ES) INVOLVED

- Calumet   
 Fort Wayne   
 Indianapolis   
 North Central   
 West Lafayette   
 Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

AAE 301 Signal Analysis for Aerospace Engineering Sem. 1, class 3, cr. 3; Prerequisite: Math 265 and 266 or equivalents

Signal processing and spectral analysis for aerospace engineering. Fourier and fast Fourier transforms. Vibration analysis; estimation of natural frequencies, wing vibrations. Introduction to linear circuits, operational amplifiers and filtering. Noise suppression.

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>Michael D. Zoltowski</u> Date _____ Apr. for Faculty #972 M.D. Zoltowski, Chair 4/5/03
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>John A. J.</u> 3/6/03 _____ Date _____	West Lafayette School Dean <u>L. Haggard</u> 4/9/03 _____ Date _____	Graduate Council Secretary <u>Debra Sheets</u> _____ Date _____
Graduate Area Committee Convener _____ Date _____	Graduate Dean _____ Date _____	West Lafayette <b>CERTIFYING OFFICIAL</b> _____ Date _____