

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF A COURSE

DEPARTMENT Biomedical Engineering

EFFECTIVE SESSION 1-2/04, EFD13-03

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> 1. New course with supporting documents | <input 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 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 | |

PROPOSED:

Subject Abbreviation BME
Course Number 495

EXISTING:

Subject Abbreviation
Course Number

TERMS OFFERED
Check All That Apply:
Summer Fall Spring

Long Title Selected Topics in Biomedical Engineering

Short Title
Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

CAMPUS(ES) INVOLVED
Calumet Fort Wayne
Indianapolis N. Central
W.Lafayette Cont Ed
Tech Statewide

CREDIT TYPE		COURSE ATTRIBUTES: Check All That Apply.		7. Registration Approval Type	
1. Fixed Credit: Cr. Hrs.		1. Pass/Not Pass Only		Department	Instructor <input checked="" type="checkbox"/>
2. Variable Credit Range:		2. Satisfactory/Unsatisfactory Only		8. Variable Title	
Minimum Cr. Hrs	1	3. Repeatable	<input checked="" type="checkbox"/>	9. Remedial	
(Check One) To	Or	Maximum repeatable credit:		10. Honors	
Maximum Cr. Hrs	4	4. Credit by Examination		11. Full Time Privilege	
3. Equivalent Credit: Yes	No	5. Designator Required		12. Off Campus Experience	
4. Thesis Credit: Yes	No	6. Special Fees			

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

COURSE DESCRIPTION (INCLUDE REQUISITES):

Sem. 1 and 2. SS. Cr. 1-4. (May be repeated for credit.), Prerequisite: consent of instructor.

Specialized topic areas for which there are no specific courses, workshops, or individual study plans, but having sufficient student interest to justify the formalized teaching of a course.

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	<i>Robert Montgomery</i> 4/9/04	Date
North Central Department Head	Date	North Central Chancellor	Date	Date Approved by Graduate Council	
<i>Joseph R. Wodrich</i> 2/6/04	Date	<i>Wah G. Jamin</i> - 2/9/04	Date	Graduate Council Secretary	Date
Vest Lafayette Department Head	Date	West Lafayette School Dean	Date	<i>Deb Sheets</i> 2/13/04	Date
Graduate Area Committee Convener	Date	Graduate Dean	Date	West Lafayette Registrar	Date

Handwritten notes or markings in the bottom left corner.

RECEIVED
FEB 23 2004
REGISTRATION
ADMINISTRATION