

DEPARTMENT School of Electrical and Computer Engineering DATE SUBMITTED 12/7/2001 DATE EFFECTIVE 1/7/2002

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

- PURPOSE**
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|---|---|
| <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 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 checked="" type="checkbox"/> 12. Change in prerequisites |
| <input type="checkbox"/> 6. Upgrading of course level | <input checked="" 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: Subject Abbreviation <u>EE</u> Course Number <u>456</u> Proposed Title <u>Digital Integrated Circuit Analysis and Design</u> Variable Title Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	PROPOSED: Subject Abbreviation _____ Course Number _____ Abbreviated Title _____ <small>Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)</small>	SEMESTERS OFFERED Check All That Apply. Summer <input type="checkbox"/> Fall <input type="checkbox"/> Ag Winter <input type="checkbox"/> Spring <input checked="" type="checkbox"/>
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CROSS LISTED COURSES	CREDIT TYPE 1. Fixed Credit: Cr. Hrs. <u>3</u> 2. Variable Credit Range: Minimum Cr. Hrs _____ (Check One) To _____ Or _____ Maximum Cr. Hrs. _____ 3. Equivalent Credit: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 4. Thesis Credit: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	COURSE ATTRIBUTES: Check All That Apply. 1. Pass/Not Pass Only <input type="checkbox"/> 2. Repeatable for Credit <input type="checkbox"/> 3. Available for Credit by Examination <input type="checkbox"/> 4. Designator Required <input type="checkbox"/> 5. Special Fees <input type="checkbox"/> 6. Approval Required for Enrollment <input checked="" type="checkbox"/> Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/>
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Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	CAMPUS(ES) INVOLVED
Primary	3		Auto-tutorial			Thesis			Calumet <input type="checkbox"/>
Secondary			Ind. Study			Observation			Fort Wayne <input type="checkbox"/>
Laboratory			Clinic			Mats Based			Indianapolis <input type="checkbox"/>
Lab. Prep.			Experiential						North Central <input type="checkbox"/>
									West Lafayette <input checked="" type="checkbox"/>
									Off Campus <input type="checkbox"/>

COURSE DESCRIPTION (PREREQUISITES INCLUDED):
Prerequisites: EE 202, 255, 270, and 305.
In-depth study of MOS transistor as applied to digital integrated circuits, from fabrication to electrical characteristics. Combinational, sequential, and dynamic logic circuits. Focus on CMOS technology; bipolar, nMOS, and BiCMOS circuits introduced. SPICE analysis and design tool. Semiconductor memory circuits.

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>C.D. Sutton</u> _____ Date Apr. for Faculty #960 <u>C.D. Sutton, Chair</u> 3/1/02
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>[Signature]</u> 1/7/2002 _____ Date	West Lafayette School Dean <u>[Signature]</u> 1/7/2002 _____ Date	Graduate Council Secretary <u>[Signature]</u> _____ Date
Graduate Area Committee Convener _____ Date	Graduate Dean _____ Date	West Lafayette Registrar <u>[Signature]</u> 3/8/02 _____ Date

