

DEPARTMENT Biomedical Engineering

DATE SUBMITTED 8/30/01

DATE EFFECTIVE S-2002

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:

Subject Abbreviation _____ Subject Abbreviation BME
 Course Number _____ Course Number 596
 Proposed Title Biomedical Engineering Projects
 Variable Title Yes No

SEMESTERS OFFERED

Check All That Apply.

Summer Fall Ag Winter Spring

Abbreviated Title BME Engr. Projects

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

CROSS LISTED COURSES

CREDIT TYPE

- Fixed Credit: Cr. Hrs. _____
- Variable Credit Range:
 Minimum Cr. Hrs. 1
 (Check One) To Or
 Maximum Cr. Hrs. 6
- Equivalent Credit: Yes No
- Thesis Credit: Yes No

COURSE ATTRIBUTES: Check All That Apply.

- Pass/Not Pass Only
 - Repeatable for Credit
 - Available for Credit by Examination
 - Designator Required
 - Special Fees
 - Approval Required for Enrollment
- Department _____
 Instructor _____

Instructional Type
 Primary
 Secondary
 Laboratory
 Lab. Prep.

Class Hours

FTE

Instructional Type
 Auto-tutorial
 Ind. Study
 Clinic
 Experiential

Class Hours

FTE

Instructional Type
 Thesis
 Observation
 Mats Based

Class Hours

FTE

CAMPUS(ES) INVOLVED

Calumet
 Fort Wayne
 Indianapolis
 North Central
 West Lafayette
 Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Sem. 1 and 2. SS. Cr. 1-6. Admission by consent of instructor. (May be repeated for credit.)
 Individual research projects to be approved by the supervising faculty member before registering for the course. An approved written report is required.

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> #954 Appr. for Faculty <u>C.D. Sutton, Chair</u> 11/14/01
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
North Central Department Head _____ Date _____	North Central Vice Chancellor _____ Date _____	APPROVED 2/21/02 Date Approved by Graduate Council _____
West Lafayette Department Head <u>Ray R. Woodruff</u> 10/25/01 _____ Date _____	West Lafayette School Dean <u>D. Krugg</u> 13 Nov 01 _____ Date _____	Graduate Council Secretary <u>Marilyn D. Geist</u> 4/5/02 _____ Date _____
Graduate Area Committee Convener <u>R. Bl</u> 2/21/02 _____ Date _____	Graduate Dean _____ Date _____	West Lafayette Registrar <u>Debra Shuts</u> 4/25/02 _____ Date _____