

REQUEST FOR ADDITION, EXPIRATION,  
OR REVISION OF A COURSE

02-07

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 |

<b>PROPOSED:</b>	<b>EXISTING:</b>	<b>TERMS OFFERED</b> Check All That Apply:
Subject Abbreviation _____	Subject Abbreviation <u>ECE</u>	Summer <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input checked="" type="checkbox"/>
Course Number _____	Course Number <u>565</u>	<b>CAMPUS(ES) INVOLVED</b>
Long Title <u>Computer Architecture</u>		Calumet <input type="checkbox"/> Ft. Wayne <input type="checkbox"/>
Short Title _____		Indianapolis <input type="checkbox"/> N. Central <input type="checkbox"/>
Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)		W.Lafayette <input checked="" type="checkbox"/> Cont Ed <input type="checkbox"/>
		Tech Statewide <input type="checkbox"/>

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

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**

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COURSE DESCRIPTION (INCLUDE REQUISITES):

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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

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