

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE.
(100-400 LEVEL)

EPD 2-09

DEPARTMENT Mechanical Engineering		SESSION Fall 2009	
INSTRUCTIONS: Please check the items below which describe the purpose of the request.			
<input checked="" type="checkbox"/> 1. New course with supporting documents	<input type="checkbox"/> 7. Change in course attributes (department head signature only)		
<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 (department head signature only)		
<input type="checkbox"/> 6. Change in course credit/type	<input type="checkbox"/> 12. Transfer from one department to another		
PROPOSED: Subject Abbreviation ME		EXISTING: Subject Abbreviation	
Course Number 38199		Course Number 38100	
Long Title Professional Practice Program - 3-Term Session - Co-Op I		TERMS OFFERED Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring	
Short Title Prof Practice Co-Op I		CAMPUS(ES) INVOLVED <input type="checkbox"/> Calumet <input type="checkbox"/> N. Central <input type="checkbox"/> Cont Ed <input type="checkbox"/> Tech Statewide <input type="checkbox"/> Ft. Wayne <input checked="" type="checkbox"/> W. Lafayette <input type="checkbox"/> Indianapolis	
Abbreviated title will be entered by Office of the Registrar if omitted. (22 CHARACTERS ONLY)			
CREDIT TYPE		COURSE ATTRIBUTES: Check All That Apply	
1. Fixed Credit: Cr. Hrs.		1. Pass/Not Pass Only <input checked="" type="checkbox"/>	
2. Variable Credit Range: Minimum Cr. Hrs. To <input type="checkbox"/> Or <input type="checkbox"/> Maximum Cr. Hrs. <input type="checkbox"/>		2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/>	
3. Equivalent Credit: Yes <input type="checkbox"/>		3. Repeatability Maximum Repeatable Credit: Credit by Examination <input type="checkbox"/>	
4. Thesis Credit: Yes <input type="checkbox"/>		4. Signature Required <input type="checkbox"/>	
		5. Special Fees <input checked="" type="checkbox"/>	
		7. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/>	
		8. Variable Title <input type="checkbox"/>	
		9. Remedial <input type="checkbox"/>	
		10. Honors <input type="checkbox"/>	
		11. Full Time Privilege <input type="checkbox"/>	
		12. Off Campus Experience <input checked="" type="checkbox"/>	
Instructional Type		Delivery Method (Asyn. Or Syn.)	
Lecture	Minutes Per Mo	Meetings Per Week	Weeks Offered
Recitation			% of Credit Allocated
Presentation			Delivery Method (Asyn. Or Syn.)
Laboratory			Delivery Medium (Audio, Internet, Text-Based, Video)
Prep			
Audio			
Distance			
Clinic			
Experiential			
Research			
Ind. Study			
Pract/Observ			
COURSE DESCRIPTION (INCLUDE REQUISITES):			
ME 38199, Sem. 1, 2, or SS. Credit: 0			
Professional Practice Program - 3-Term Session - Work Session 1			
To obtain professional practice with qualified employers within industry, government, or small business.			
Calumet Department Head _____ Date _____		Calumet School Dean _____ Date _____	
Fort Wayne Department Head _____ Date _____		Fort Wayne School Dean _____ Date _____	
Indianapolis Department Head _____ Date _____		Indianapolis School Dean _____ Date _____	
North Central Department Head _____ Date _____		North Central Chancellor _____ Date _____	
West Lafayette Department Head _____ Date _____		West Lafayette College/School Dean _____ Date _____	
Fort Wayne Chancellor _____ Date _____		Graduate Council Secretary _____ Date _____	
Undergrad Curriculum Committee _____ Date _____		Date Approved by Graduate Council _____	
Date Approved by Graduate Council _____		West Lafayette Registrar _____ Date _____	

11/11/09

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(100-400 LEVEL)

EFD 2-09

DEPARTMENT Mechanical Engineering SEMESTER Fall 2009 SESSION SP 2011

- INSTRUCTIONS: Please check the items below which describe the purpose of the request.
- 1. New course with supporting documents
 - 2. Add existing course offered at another campus
 - 3. Expiration of a course
 - 4. Change in course number
 - 5. Change in course title
 - 6. Change in course credit/type
 - 7. Change in course attributes (department head signature only)
 - 8. Change in instructional hours
 - 9. Change in course description
 - 10. Change in course requisites
 - 11. Change in semesters offered (department head signature only)
 - 12. Transfer from one department to another

PROPOSED: Subject Abbreviation ME Course Number 38299 Long Title Professional Practice Program - 3-Term Session - Co-Op II Short Title Prof Practice Co-Op II

EXISTING: Subject Abbreviation _____ Course Number 51200

TERMS OFFERED: Check All That Apply: Summer Fall Spring

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

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

CREDIT TYPE: 1. Fixed Credit: Cr. Hrs. _____ 2. Variable Credit Range: Minimum Cr. Hrs. _____ To _____ Or _____ Maximum Cr. Hrs. 0 3. Equivalent Credit: Yes No 4. Thesis Credit: Yes No

COURSE ATTRIBUTES: Check All That Apply: 1. Pass/Not Pass Only 2. Satisfactory/Unsatisfactory Only 3. Repeatable 4. Credit by Examination 5. Signature Required 6. Special Fees 7. Registration Approval Type: Department Instructor 8. Variable Title 9. Remedial 10. Honors 11. Full Time Privilege 12. Off Campus Experience

Instructional Type	Minutes Per Mo	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium (Audio, Internet, Text-Based, Video)	Cross-Listed Courses
Lecture							
Recitation							
Presentation							
Laboratory							
Prep							
Studio							
Distance							
Clinic							
Experiential							
Research							
Ind. Study							
Pract/Observ							

COURSE DESCRIPTION (INCLUDE REQUISITES):
ME 38299, Sem. 1, 2, or SS. Credit: 0
Professional Practice Program - 3-Term Session - Work Session 2
To obtain professional practice with qualified employers within industry, government, or small business.

Calumet Department Head	Date	Calumet School Dean	Date	Fort Wayne Chancellor	Date
Fort Wayne Department Head	Date	Fort Wayne School Dean	Date	Undergrad Curriculum Committee	Date
Indianapolis Department Head	Date	Indianapolis School Dean	Date	Date Approved by Graduate Council	
North Central Department Head	Date	North Central Chancellor	Date	Graduate Council Secretary	Date
West Lafayette Department Head	Date	West Lafayette College/School Dean	Date	West Lafayette Registrar	Date

Handwritten signatures and dates:
 Daniel Holman / 6/15/2008
 [Signature] / 6/15/09

Handwritten initials: 11/11/09

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(100-400 LEVEL)

EXD 2-09

DEPARTMENT: Mechanical Engineering SESSION: Fall 2009 SP 2011

INSTRUCTIONS: Please check the item below which describes the purpose of this request.

<input checked="" type="checkbox"/> 1. New course with supporting documents	<input type="checkbox"/> 7. Change in course attributes (department head signature only)
<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 (department head signature only)
<input type="checkbox"/> 6. Change in course credit/type	<input type="checkbox"/> 12. Transfer from one department to another

PROPOSED: Subject Abbreviation ME EXISTING: Subject Abbreviation

Course Number 38399 Course Number 31300

Long Title Professional Practice Program - 3-Term Session - Co-Op III

Short Title Prof Practice Co-Op III

TERMS OFFERED: Check All That Apply: Summer Fall Spring

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

CREDIT TYPE: 1. Fixed Credit: Cr. Hrs. 0 2. Variable Credit Range: Minimum Cr. Hrs. 0 To 0 Or 0 Maximum Cr. Hrs. 0

COURSE ATTRIBUTES: Check All That Apply: 1. Pass/Not Pass Only 2. Satisfactory/Unsatisfactory Only 3. Repeatable 4. Maximum Repeatable Credit: 0 5. Credit by Examination 6. Signature Required 7. Registration Approval Type: Department Instructor 8. Variable Title 9. Remedial 10. Honors 11. Full Time Privilege 12. Off Campus Experience

Instructional Type	Minutes Per Min	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium (Audio, Internet, Text-Based, Video)	Cross-Listed Courses
Lecture							
Recitation							
Presentation							
Laboratory							
Prep							
Studio							
Distance							
Clinic							
Experiential							
Research							
Ind. Study							
Pract/Observ							

COURSE DESCRIPTION (INCLUDE REQUISITES):
ME 38399, Sem. 1, 2, or SS. Credit: 0
Professional Practice Program - 3-Term Session - Work Session 3
To obtain professional practice with qualified employers within industry, government, or small business.

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____	Fort Wayne Chancellor _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____	Undergrad Curriculm Committee _____ Date _____
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Date Approved by Graduate Council _____
North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____	Graduate Council Secretary _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____	West Lafayette Registrar _____ Date _____

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PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(100-400 LEVEL)

EPD 2-09

DEPARTMENT Mechanical Engineering SEMESTER Fall 2009 SP 2011

- 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 (department head signature only) |
| <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 (department head signature only) |
| <input type="checkbox"/> 6. Change in course credit/type | <input type="checkbox"/> 12. Transfer from one department to another |

PROPOSED: Subject Abbreviation <u>ME</u> Course Number <u>38199</u> Long Title <u>Professional Practice Program - 3 Session - Co-Op I</u> Short Title <u>PP 3 Session-Term1</u>	EXISTING: Subject Abbreviation _____ Course Number <u>31100</u>	TERMS OFFERED Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring CAMPUS(ES) INVOLVED <input type="checkbox"/> Calumet <input type="checkbox"/> N. Central <input type="checkbox"/> Cont Ed <input type="checkbox"/> Tech Statewide <input type="checkbox"/> Ft. Wayne <input checked="" type="checkbox"/> W. Lafayette <input type="checkbox"/> Indianapolis
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Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

CREDIT TYPE 1. Fixed Credit: Cr. Hrs. 2. Variable Credit Range: Minimum Cr. Hrs. _____ (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> Maximum Cr. Hrs. <u>0</u> 3. Equivalent Credit: Yes <input type="checkbox"/> 4. Thesis Credit: Yes <input type="checkbox"/>	COURSE ATTRIBUTES: Check All That Apply 1. Pass/Not Pass Only <input type="checkbox"/> 2. Satisfactory/Unsatisfactory Only <input type="checkbox"/> 3. Repeatable <input type="checkbox"/> Maximum Repeatable Credit: _____ 4. Credit by Examination <input type="checkbox"/> 5. Signature Required <input type="checkbox"/> 6. Special Fees <input checked="" type="checkbox"/>	7. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/> 8. Variable Title <input type="checkbox"/> 9. Remedial <input type="checkbox"/> 10. Honors <input type="checkbox"/> 11. Full Time Privilege <input type="checkbox"/> 12. Off Campus Experience <input checked="" type="checkbox"/>
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Instructional Type	Minutes Per Mo.	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium (Audio, Internet, Text-Based, Video)	Cross-Listed Courses
Lecture							
Recitation							
Demonstration							
Laboratory							
Lab Prep							
Studio							
Distance							
Clinic							
Experiential							
Research							
Ind. Study							
Pract/Observ							

COURSE DESCRIPTION (INCLUDE REQUISITES):
ME 38199, Sem. 1, 2, or SS. Credit: 0
 Professional Practice Program - 3-Term Session - Work Session 1
 To obtain professional practice with qualified employers within industry, government, or small business.

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____	Fort Wayne Chancellor _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Date Approved by Graduate Council _____
North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____	Graduate Council Secretary _____ Date _____
<i>Jamil Hortema</i> 12/15/2008 West Lafayette Department Head _____ Date _____	<i>Michael T. Klein</i> 6/15/09 West Lafayette College/School Dean _____ Date _____	West Lafayette Registrar _____ Date _____

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(100-400 LEVEL)

EFD 2-09

DEPARTMENT Mechanical Engineering SEMESTER Fall 2009 *SP 2011*

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 (department head signature only) |
| <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 (department head signature only) |
| <input type="checkbox"/> 6. Change in course credit/type | <input type="checkbox"/> 12. Transfer from one department to another |

PROPOSED: Subject Abbreviation <u>ME</u> Course Number <u>38299</u> Long Title <u>Professional Practice Program - 3-Term Session - Co-Op II</u> Short Title <u>PP 3 Session-Term2</u> <small>Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)</small>	EXISTING: Subject Abbreviation _____ Course Number <u>37200</u>	TERMS OFFERED Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring CAMPUS(ES) INVOLVED <input type="checkbox"/> Calumet <input type="checkbox"/> N. Central <input type="checkbox"/> Cont Ed <input type="checkbox"/> Tech Statewide <input type="checkbox"/> Ft. Wayne <input checked="" type="checkbox"/> W. Lafayette <input type="checkbox"/> Indianapolis
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CREDIT TYPE 1. Fixed Credit: Cr. Hrs. 2. Variable Credit Range: Minimum Cr. Hrs. _____ (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> Maximum Cr. Hrs. <u>0</u> 3. Equivalent Credit: Yes <input type="checkbox"/> 4. Thesis Credit: Yes <input type="checkbox"/>	COURSE ATTRIBUTES: Check All That Apply 1. Pass/Not Pass Only <input type="checkbox"/> 2. Satisfactory/Unsatisfactory Only <input type="checkbox"/> 3. Repeatable <input type="checkbox"/> Maximum Repeatable Credit: _____ Credit by Examination <input type="checkbox"/> Signature Required <input type="checkbox"/> Special Fees <input checked="" type="checkbox"/>	7. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/> 8. Variable Title <input type="checkbox"/> 9. Remedial <input type="checkbox"/> 10. Honors <input type="checkbox"/> 11. Full Time Privilege <input type="checkbox"/> 12. Off Campus Experience <input checked="" type="checkbox"/>
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Instructional Type	Minutes Per Min	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium (Audio, Internet, Text-Based, Video)	Cross-Listed Courses	
Lecture								
Recitation								
Simulation								
Laboratory								
Lab Prep								
Studio								
Distance								
Clinic								
Experiential	<input checked="" type="checkbox"/>							
Research								
Ind. Study								
Pract/Observ								

COURSE DESCRIPTION (INCLUDE REQUISITES):
ME 38299, Sem. 1, 2, or SS. Credit: 0
 Professional Practice Program - 3-Term Session - Work Session 2
 To obtain professional practice with qualified employers within industry, government, or small business.

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____	Fort Wayne Chancellor _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Date Approved by Graduate Council _____
North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____	Graduate Council Secretary _____ Date _____
<i>Daniel Horlana</i> _____ Date <u>6/15/2008</u>	<i>Michael P. Klein</i> _____ Date <u>6/15/09</u>	West Lafayette Registrar _____ Date _____

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(100-400 LEVEL)

EAD 2-09

DEPARTMENT Mechanical Engineering SESSION Fall 2009 SP 2011

- INSTRUCTIONS: Please check the items below that describe the purpose of the request.
- | | |
|---|---|
| <input checked="" type="checkbox"/> 1. New course with supporting documents | <input type="checkbox"/> 7. Change in course attributes (department head signature only) |
| <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 (department head signature only) |
| <input type="checkbox"/> 6. Change in course credit/type | <input type="checkbox"/> 12. Transfer from one department to another |

PROPOSED: Subject Abbreviation <u>ME</u>	EXISTING: Subject Abbreviation <u></u>	TERMS OFFERED Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring
Course Number <u>38399</u>	Course Number <u>31300</u>	
Long Title <u>Professional Practice Program - 3-Term Session - Co-Op III</u>		CAMPUS(ES) INVOLVED <input type="checkbox"/> Calumet <input type="checkbox"/> N. Central <input type="checkbox"/> Cont Ed <input type="checkbox"/> Tech Statewide <input type="checkbox"/> Ft. Wayne <input checked="" type="checkbox"/> W. Lafayette <input type="checkbox"/> Indianapolis
Short Title <u>PP 3 Session-Term3</u> <small>Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)</small>		

CREDIT TYPE		COURSE ATTRIBUTES: Check All That Apply	
1. Fixed Credit: Cr. Hrs.	1. Pass/Not Pass Only <input type="checkbox"/>	7. Registration Approval Type	Instructor <u>TTTTTTXX</u>
2. Variable Credit Range: Minimum Cr. Hrs. <u>0</u> (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> Maximum Cr. Hrs. <u>0</u>	2. Satisfactory/Unsatisfactory Only <input type="checkbox"/>	8. Variable Title	
3. Equivalent Credit: Yes <input type="checkbox"/>	3. Repeatable <input type="checkbox"/>	9. Remedial	
4. Thesis Credit: Yes <input type="checkbox"/>	Maximum Repeatable Credit: <input type="checkbox"/> Credit by Examination <input type="checkbox"/> Instructor Required <input checked="" type="checkbox"/> Special Fees	10. Honors	
		11. Full Time Privilege	
		12. Off Campus Experience	

Instructional Type	Minutes Per Min	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium (Audio, Internet, etc., Text-Based, Video)	Cross-Listed Courses
Lecture							
Recitation							
Simulation							
Laboratory							
Labor Prep							
Studio							
Distance							
Clinic							
Experiential							
Research							
Ind. Study							
Pract/Observ							

COURSE DESCRIPTION (INCLUDE REQUISITES):
ME 38399, Sem. 1, 2, or SS. Credit: 0
Professional Practice Program - 3-Term Session - Work Session 3
To obtain professional practice with qualified employers within industry, government, or small business.

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____	Fort Wayne Chancellor _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Date Approved by Graduate Council _____
North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____	Graduate Council Secretary _____ Date _____
<i>Janet H. ...</i> _____ Date <u>6/15/2008</u>	<i>William A. ...</i> _____ Date <u>6/15/09</u>	West Lafayette Registrar _____ Date _____

TO: Faculty of the College of Engineering

FROM: Faculty of the School of Mechanical Engineering

DATE: August 6, 2008

RE: New Design Course numbered ME 38199, ME 38299, ME 38399

The faculty of the School of Mechanical Engineering has approved the following new courses. This action is now submitted to the Engineering Faculty with a recommendation for approval.

ME 38199 Professional Practice ~~3-Session~~ Co-Op I

Sem 1, 2, and SS. Credits: 0

Restrictions: Professional Practice students only

Prerequisites: Junior standing or consent of instructor

To obtain professional practice with qualified employers within industry, government, or small business.

ME 38299 Professional Practice ~~3-Session~~ Co-Op II

Sem 1, 2, and SS. Credits: 0

Restrictions: Professional Practice students only

Prerequisites: ME 38199

To obtain professional practice with qualified employers within industry, government, or small business.

ME 38399 Professional Practice ~~3-Session~~ Co-Op III

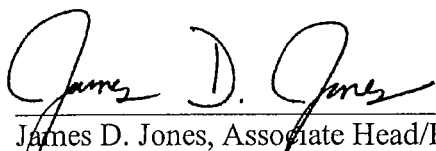
Sem 1, 2, and SS. Credits: 0

Restrictions: Professional Practice students only

Prerequisites: ME 38299

To obtain professional practice with qualified employers within industry, government, or small business.

Rationale: Transferring the 3-session Professional Practice courses into each individual discipline.



James D. Jones, Associate Head/Professor
School of Mechanical Engineering

APPROVED FOR THE FACULTY
OF THE SCHOOLS OF ENGINEERING
BY THE ENGINEERING
CURRICULUM COMMITTEE

ECC Minutes 2/25/09

Date #19

Chairman ECC R. Cipra

