

**PURDUE UNIVERSITY**  
REQUEST FOR ADDITION, EXPIRATION,  
OR REVISION OF AN UNDERGRADUATE COURSE  
(10000-40000 LEVEL)

Print Form

*EAD 2-10*

DEPARTMENT School of Aeronautics and Astronautics

EFFECTIVE SESSION Fall 2010 *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 AAE

Course Number 29199

Long Title Professional Practice ~~5-Session~~ Co-op I

Short Title Prof. Practice Extensive I

**EXISTING:**

Subject Abbreviation \_\_\_\_\_

Course Number \_\_\_\_\_

**TERMS OFFERED**  
Check All That Apply:

Summer  Fall  Spring

**CAMPUS(ES) INVOLVED**

Calumet  N. Central  
 Cont Ed  Tech Statewide  
 Ft. Wayne  W. Lafayette  
 Indianapolis

Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)

**CREDIT TYPE**

1. Fixed Credit: Cr. Hrs. 0
2. Variable Credit Range:  
Minimum Cr. Hrs. \_\_\_\_\_  
(Check One) To  Or   
Maximum Cr. Hrs. \_\_\_\_\_
3. Equivalent 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. Special Fees
6. Registration Approval Type  
Department  Instructor
7. Variable Title
8. Honors
9. Full Time Privilege
10. Off Campus Experience

| Schedule Type | Minutes Per Mtg                     | Meetings Per Week | Weeks Offered | % of Credit Allocated |
|---------------|-------------------------------------|-------------------|---------------|-----------------------|
| Lecture       |                                     |                   |               |                       |
| Recitation    |                                     |                   |               |                       |
| Presentation  |                                     |                   |               |                       |
| Laboratory    |                                     |                   |               |                       |
| Lab Prep      |                                     |                   |               |                       |
| Studio        |                                     |                   |               |                       |
| Distance      |                                     |                   |               |                       |
| Clinic        |                                     |                   |               |                       |
| Experiential  | <input checked="" type="checkbox"/> |                   |               |                       |
| Research      |                                     |                   |               |                       |
| Ind. Study    |                                     |                   |               |                       |
| Pract/Observ  |                                     |                   |               |                       |

**Cross-Listed Courses**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Restrictions: Professional Practice students only  
 Prerequisites: Sophomore standing or consent of instructor  
 Professional experience in aeronautics and astronautics. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

**\*COURSE LEARNING OUTCOMES:**

|                                |      |  |      |
|--------------------------------|------|--|------|
| 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 School Dean      | Date | North Central Vice Chancellor for Academic Affairs | Date |
| West Lafayette Department Head | Date | West Lafayette College School Dean                 | Date |

*[Signatures]*  
 West Lafayette Registrar Date 11/12/10

*11/1/10*  
*[Signature]*

*EFD 2-10*

DEPARTMENT School of Aeronautics and Astronautics

EFFECTIVE SESSION *Fall 2010 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:**

**EXISTING:**

**TERMS OFFERED**  
Check All That Apply:

Subject Abbreviation AAE

Subject Abbreviation \_\_\_\_\_

Summer  Fall  Spring

Course Number 29299

Course Number \_\_\_\_\_

**CAMPUS(ES) INVOLVED**

Long Title Professional Practice ~~5-Session~~ Co-op II

*EXCLUSIVE*

Short Title Prof. Practice Extensive II

Calumet  N. Central  
 Cont Ed  Tech Statewide  
 Ft. Wayne  W. Lafayette  
 Indianapolis

Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)

**CREDIT TYPE**

1. Fixed Credit: Cr. Hrs.
2. Variable Credit Range:  
Minimum Cr. Hrs.   
(Check One) To  Or   
Maximum Cr. Hrs.
3. Equivalent Credit: Yes  No

**COURSE ATTRIBUTES: Check All That Apply**

1. Pass/Not Pass Only
2. Satisfactory/Unsatisfactory Only
3. Repeatable   
Maximum Repeatable Credit:
4. Credit by Examination
5. Special Fees
6. Registration Approval Type  
Department  Instructor
7. Variable Title
8. Honors
9. Full Time Privilege
10. Off Campus Experience

| Schedule Type | Minutes Per Mtg                     | Meetings Per Week | Weeks Offered | % of Credit Allocated |
|---------------|-------------------------------------|-------------------|---------------|-----------------------|
| Lecture       |                                     |                   |               |                       |
| Recitation    |                                     |                   |               |                       |
| Presentation  |                                     |                   |               |                       |
| Laboratory    |                                     |                   |               |                       |
| Lab Prep      |                                     |                   |               |                       |
| Studio        |                                     |                   |               |                       |
| Distance      |                                     |                   |               |                       |
| Clinic        |                                     |                   |               |                       |
| Experiential  | <input checked="" type="checkbox"/> |                   |               |                       |
| Research      |                                     |                   |               |                       |
| Ind. Study    |                                     |                   |               |                       |
| Pract/Observ  |                                     |                   |               |                       |

**Cross-Listed Courses**

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Restrictions: Professional Practice students only  
Prerequisites: AAE 29199

Professional experience in aeronautics and astronautics. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

**\*COURSE LEARNING OUTCOMES:**

|                                    |            |                                |            |
|------------------------------------|------------|--------------------------------|------------|
| 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 School Dean _____      | Date _____ | North Central Vice Chancellor for Academic Affairs _____ | Date _____          |
| West Lafayette Department Head _____ | Date _____ | West Lafayette College/School Dean _____                 | Date _____          |
|                                      |            | West Lafayette Registrar _____                           | Date <u>11/2/10</u> |

*11/1/10*

**PURDUE UNIVERSITY**  
REQUEST FOR ADDITION, EXPIRATION,  
OR REVISION OF AN UNDERGRADUATE COURSE  
(10000-40000 LEVEL)

*EFD 2-10*

Print Form

DEPARTMENT School of Aeronautics and Astronautics

EFFECTIVE SESSION Fall 2010 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:**

**EXISTING:**

**TERMS OFFERED**

Check All That Apply:

Subject Abbreviation AAE

Subject Abbreviation \_\_\_\_\_

Summer  Fall  Spring

Course Number ~~20300~~ 20399

Course Number \_\_\_\_\_

**CAMPUS(ES) INVOLVED**

Long Title Professional Practice 5-Session Co-op III

- |                                       |  |
|---------------------------------------|--|
| <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 Prof. Practice Extensive III

Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)

**CREDIT TYPE**

**COURSE ATTRIBUTES: Check All That Apply**

1. Fixed Credit: Cr. Hrs.
2. Variable Credit Range:  
Minimum Cr. Hrs.   
(Check One) To  Or   
Maximum Cr. Hrs.
3. Equivalent Credit: Yes  No

1. Pass/Not Pass Only
2. Satisfactory/Unsatisfactory Only
3. Repeatable   
Maximum Repeatable Credit:
4. Credit by Examination
5. Special Fees

6. Registration Approval Type  
Department  Instructor
7. Variable Title
8. Honors
9. Full Time Privilege
10. Off Campus Experience

| Schedule Type | Minutes Per Mtg                     | Meetings Per Week | Weeks Offered | % of Credit Allocated |
|---------------|-------------------------------------|-------------------|---------------|-----------------------|
| Lecture       |                                     |                   |               |                       |
| Recitation    |                                     |                   |               |                       |
| Presentation  |                                     |                   |               |                       |
| Laboratory    |                                     |                   |               |                       |
| Lab Prep      |                                     |                   |               |                       |
| Studio        |                                     |                   |               |                       |
| Distance      |                                     |                   |               |                       |
| Clinic        |                                     |                   |               |                       |
| Experiential  | <input checked="" type="checkbox"/> |                   |               |                       |
| Research      |                                     |                   |               |                       |
| Ind. Study    |                                     |                   |               |                       |
| Pract/Observ  |                                     |                   |               |                       |

**Cross-Listed Courses**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Restrictions: Professional Practice students only  
Prerequisites: AAE 29299  
Professional experience in aeronautics and astronautics. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

**\*COURSE LEARNING OUTCOMES:**

|   |   |
|---|---|
| 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 School Dean \_\_\_\_\_ Date \_\_\_\_\_ North Central Vice Chancellor for Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_  
West Lafayette Department Head \_\_\_\_\_ Date \_\_\_\_\_ West Lafayette College/School Dean \_\_\_\_\_ Date \_\_\_\_\_ West Lafayette Registrar \_\_\_\_\_ Date \_\_\_\_\_

*11/11/10*

EFD 2-10

DEPARTMENT School of Aeronautics and Astronautics

EFFECTIVE SESSION Spring 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 AAE

Course Number 39499

Long Title Professional Practice Extensive Co-op IV

Short Title Prof. Practice Extensive IV

Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)

**EXISTING:**

Subject Abbreviation

Course Number

**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.
2. Variable Credit Range:  
 Minimum Cr. Hrs   
 (Check One) To  Or   
 Maximum Cr. Hrs.
3. Equivalent Credit: Yes  No

**COURSE ATTRIBUTES: Check All That Apply**

1. Pass/Not Pass Only
2. Satisfactory/Unsatisfactory Only
3. Repeatable
- Maximum Repeatable Credit:
4. Credit by Examination
5. Special Fees
6. Registration Approval Type  
 Department  Instructor
7. Variable Title
8. Honors
9. Full Time Privilege
10. Off Campus Experience

| ScheduleType | Minutes Per Mtg | Meetings Per Week | Weeks Offered | % of Credit Allocated |
|--------------|-----------------|-------------------|---------------|-----------------------|
| Lecture      |                 |                   |               |                       |
| Recitation   |                 |                   |               |                       |
| Presentation |                 |                   |               |                       |
| Laboratory   |                 |                   |               |                       |
| Lab Prep     |                 |                   |               |                       |
| Studio       |                 |                   |               |                       |
| Distance     |                 |                   |               |                       |
| Clinic       |                 |                   |               |                       |
| Experiential | X               |                   |               |                       |
| Research     |                 |                   |               |                       |
| Ind. Study   |                 |                   |               |                       |
| Pract/Observ |                 |                   |               |                       |

**Cross-Listed Courses**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Restrictions: Professional Practice students only  
 Prerequisites: AAE 39399

Professional experience in aeronautics and astronautics. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

**\*COURSE LEARNING OUTCOMES:**

|   |   |
|---|---|
| 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 School Dean _____ Date _____      | North Central Vice Chancellor for Academic Affairs _____ Date _____ |
| West Lafayette Department Head _____ Date _____ | West Lafayette College/School Dean _____ Date _____                 |
|   | West Lafayette Registrar _____ Date _____                           |

11/10

**PURDUE UNIVERSITY**  
REQUEST FOR ADDITION, EXPIRATION,  
OR REVISION OF AN UNDERGRADUATE COURSE  
(10000-40000 LEVEL)

Print Form

EFD 2-10

DEPARTMENT School of Aeronautics and Astronautics

EFFECTIVE SESSION Spring 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:**

**EXISTING:**

**TERMS OFFERED**  
Check All That Apply:

Subject Abbreviation AAE

Subject Abbreviation \_\_\_\_\_

Summer  Fall  Spring

Course Number 39599

Course Number \_\_\_\_\_

**CAMPUS(ES) INVOLVED**

Long Title Professional Practice Extensive Co-op V

Short Title Prof. Practice Extensive V

- |                                       |  |
|---------------------------------------|--|
| <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 the Office of the Registrar if omitted. (30 CHARACTERS ONLY)

**CREDIT TYPE**

**COURSE ATTRIBUTES: Check All That Apply**

1. Fixed Credit: Cr. Hrs. 0
2. Variable Credit Range:  
Minimum Cr. Hrs \_\_\_\_\_  
(Check One) To  Or   
Maximum Cr. Hrs. \_\_\_\_\_
3. Equivalent Credit: Yes  No

1. Pass/Not Pass Only
2. Satisfactory/Unsatisfactory Only
3. Repeatable   
Maximum Repeatable Credit: \_\_\_\_\_
4. Credit by Examination
5. Special Fees

6. Registration Approval Type  
Department  Instructor
7. Variable Title
8. Honors
9. Full Time Privilege
10. Off Campus Experience

| Schedule Type | Minutes Per Mtg                     | Meetings Per Week | Weeks Offered | % of Credit Allocated |
|---------------|-------------------------------------|-------------------|---------------|-----------------------|
| Lecture       |                                     |                   |               |                       |
| Recitation    |                                     |                   |               |                       |
| resentation   |                                     |                   |               |                       |
| Laboratory    |                                     |                   |               |                       |
| Lab Prep      |                                     |                   |               |                       |
| Studio        |                                     |                   |               |                       |
| Distance      |                                     |                   |               |                       |
| Clinic        |                                     |                   |               |                       |
| Experiential  | <input checked="" type="checkbox"/> |                   |               |                       |
| Research      |                                     |                   |               |                       |
| Ind. Study    |                                     |                   |               |                       |
| Pract/Observ  |                                     |                   |               |                       |

**Cross-Listed Courses**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Restrictions: Professional Practice students only  
Prerequisites: AAE 39499

Professional experience in aeronautics and astronautics. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

**\*COURSE LEARNING OUTCOMES:**

|                                      |                     |  |                      |
|--------------------------------------|---------------------|--|----------------------|
| 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 School Dean _____      | Date _____          | North Central Vice Chancellor for Academic Affairs _____ | Date _____           |
| West Lafayette Department Head _____ | Date <u>9/29/10</u> | West Lafayette College/School Dean _____                 | Date <u>10/20/10</u> |

\_\_\_\_\_  
West Lafayette Registrar Date 11/2/10

11/1/10  
f

**TO:** The Engineering Faculty

**FROM:** The Faculty of the School of Aeronautics and Astronautics

**RE:** New Courses AAE 29199, AAE 29299, AAE 39399, AAE 39499,  
AAE 39599

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

*Extensive*  
**AAE 29199 Professional Practice ~~5-Session~~ Co-Op I**  
Sem. 1, 2 or SS, cr. 0.  
Restrictions: Professional Practice students only  
Prerequisite: Sophomore standing or consent of instructor.

Professional experience in aeronautics and astronautics. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

*Extensive*  
**AAE 29299 Professional Practice ~~5-Session~~ Co-Op II**  
Sem. 1, 2 or SS, cr. 0.  
Restrictions: Professional Practice students only  
Prerequisite: AAE 29199

Professional experience in aeronautics and astronautics. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

*Extensive*  
**AAE 39399 Professional Practice ~~5-Session~~ Co-Op III**  
Sem. 1, 2 or SS, cr. 0.  
Restrictions: Professional Practice students only  
Prerequisite: AAE 29299

Professional experience in aeronautics and astronautics. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

*EXTENSIVE*  
**AAE 39499 Professional Practice ~~5-Session~~ Co-Op IV**  
Sem. 1, 2 or SS, cr. 0.  
Restrictions: Professional Practice students only  
Prerequisite: AAE 39399

Professional experience in aeronautics and astronautics. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.


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*EXTENSIVE*  
**AAE 39599 Professional Practice ~~5-Session~~ Co-Op V**  
Sem. 1, 2 or SS, cr. 0.  
Restrictions: Professional Practice students only  
Prerequisite: AAE 39499

Professional experience in aeronautics and astronautics. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

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**REASON:** To maintain consistent course numbers and titles for Professional Practice courses throughout all disciplines participating in the Professional Practice Programs.

  
\_\_\_\_\_  
Kathleen C. Howell, Interim Head  
School of Aeronautics and Astronautics

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

ECC Minutes #5  
Date 10/26/09  
Chairman R. Cipra