

DEPARTMENT School of Electrical and Computer Engineering

DATE SUBMITTED 3/4/2002

DATE EFFECTIVE

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

PURPOSE

- | | |
|---|---|
| <input checked="" 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 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:

SEMESTERS OFFERED

Subject Abbreviation EE ECE Subject Abbreviation
 Course Number 365 Course Number
 Proposed Title Introduction to the Design of Digital Computers
 Variable Title Yes No

Check All That Apply.
 Summer Fall Ag Winter Spring

Abbreviated Title
 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 Or
 (Check One) To Maximum Cr. Hrs.
- 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	Class Hours	FTE	Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	CAMPUS(ES) INVOLVED
Primary			Auto-tutorial			Thesis			Calumet
Secondary			Ind. Study			Observation			Fort Wayne
Laboratory			Clinic			Malls Based			Indianapolis
Lab. Prep.			Experiential						North Central
									West Lafayette
									Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

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 Apr. for Faculty <u>Michael Joltosch</u> #964 M.D. Zoltowski, Chair	Date 1/21/03
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	
<u>G. KR</u> West Lafayette Department Head	<u>4/16/2002</u> Date	<u>L. J. Meyer</u> West Lafayette School Dean	<u>2 Jan 03</u> Date	Graduate Council Secretary	Date
Graduate Area Committee Convener	Date	Graduate Dean	Date	<u>Diana Shuts</u> West Lafayette Registrar	<u>1/31/03</u> Date

DEPARTMENT School of Electrical and Computer Engineering

DATE SUBMITTED 3/4/2002

DATE EFFECTIVE

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

PURPOSE

- | | |
|---|---|
| <input checked="" 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:

SEMESTERS OFFERED

Subject Abbreviation _____ Subject Abbreviation ECE
 Course Number _____ Course Number 437
 Proposed Title Computer Design and Prototyping
 Variable Title Yes No

Check All That Apply.
 Summer Fall Ag Winter Spring

Abbreviated Title Computer Des & Prototypg
 Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

CROSS LISTED COURSES

CREDIT TYPE

COURSE ATTRIBUTES: Check All That Apply.

1. Fixed Credit: Cr. Hrs. 4
 2. Variable Credit Range:
 Minimum Cr. Hrs. _____
 (Check One) To Or
 Maximum Cr. Hrs. _____
 3. Equivalent Credit: Yes No
 4. Thesis Credit: Yes No

1. Pass/Not Pass Only
 2. Repeatable for Credit
 3. Available for Credit by Examination
 4. Designator Required
 5. Special Fees
 6. Approval Required for Enrollment
 Department
 Instructor

Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE
Primary	<u>3</u>		Auto-tutorial			Thesis		
Secondary			Ind. Study			Observation		
Laboratory	<u>3</u>		Clinic			Mats Based		
Lab. Prep.			Experiential					

CAMPUS(ES) INVOLVED

- Calumet
 Fort Wayne
 Indianapolis
 North Central
 West Lafayette
 Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Prerequisites: ^{ECE}EE 357 and ^{ECE}EE 362.
 An introduction to computer organization and design, including instruction set selection, arithmetic logic unit design, datapath design, control strategies, pipelining, memory hierarchy, and I/O interface design.

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 Apr. for Faculty <u>Michael W. Zoltowski</u> #904 M.D. Zoltowski, Chair 1/21/03
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>G. K. R.</u> 4/16/02 _____ Date _____	West Lafayette School Dean <u>S. D. Kuyper</u> 2/27/03 _____ Date _____	Graduate Council Secretary <u>Debra Sheets</u> 1/31/03 _____ Date _____
Graduate Area Committee Convener _____ Date _____	Graduate Dean _____ Date _____	West Lafayette Registrar _____ Date _____

DEPARTMENT School of Electrical and Computer Engineering

DATE SUBMITTED 3/4/2002

DATE EFFECTIVE

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

PURPOSE

- | | |
|---|---|
| <input checked="" 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 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:

SEMESTERS OFFERED

Subject Abbreviation EE Subject Abbreviation
Course Number 467 Course Number
Proposed Title Advanced Digital Systems/Embedded Microcontroller Design Laboratory
Variable Title Yes No

Check All That Apply.
Summer Fall Ag Winter Spring

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

CROSS LISTED COURSES

CREDIT TYPE

COURSE ATTRIBUTES: Check All That Apply.

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

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

Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE
Primary			Auto-tutorial			Thesis		
Secondary			Ind. Study			Observation		
Laboratory			Clinic			Mats Based		
Lab. Prep.			Experiential					

CAMPUS(ES) INVOLVED
Calumet
Fort Wayne
Indianapolis
North Central
West Lafayette
Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

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>Michael W. Zoltowski</u> Date Apr. for Faculty #964 M.D. Zoltowski, Chair 1/21/03
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>H. K. ...</u> <u>2/16/03</u> Date	West Lafayette School Dean <u>L. D. ...</u> <u>2/27/03</u> Date	Graduate Council Secretary _____ Date <u>Debra Sheets</u> <u>1/31/03</u>
Graduate Area Committee Convener _____ Date	Graduate Dean _____ Date	West Lafayette Registrar _____ Date

