

DEPARTMENT Electrical and Computer Engineering

DATE SUBMITTED 10/5/2000 DATE EFFECTIVE 8/20/2001

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 683 Course Number _____

Proposed Title Computational Robotics
 Variable Title Yes No

Check All That Apply.
 Summer Fall Ag Winter Spring

Abbreviated Title Computational Robotics

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. _____
(Check One) To Or
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	CAMPUS(ES) INVOLVED
Primary			Auto-tutorial			Thesis			Calumet
Secondary			Ind. Study			Observation			Fort Wayne
Laboratory			Clinic			Matis Based			Indianapolis
Lab. Prep.			Experiential						North Central
									West Lafayette
									Off Campus <input checked="" type="checkbox"/>

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	Date
				<u>C.D. Sutton</u>	
				Appr. for Faculty	#949
				<u>C.D. Sutton, Chair</u>	9/5/01
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>W. Keith Davis</u>	<u>10/19/01</u>	<u>L.J. Vagg</u>	<u>10/19/01</u>	<u>Marilyn D. Hunt</u>	<u>10/16/01</u>
West Lafayette Department Head	Date	West Lafayette School Dean	Date	Graduate Council Secretary	Date
		<u>Phillip E. Topp</u>	<u>10/19/01</u>	<u>Debra Sheets</u>	<u>10/17/01</u>
Graduate Area Committee Convener	Date	Graduate Dean	Date	West Lafayette Registrar	Date

