

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF A COURSE

EPD 23-04

DEPARTMENT

EFFECTIVE SESSION

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 |
| <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 |
| <input type="checkbox"/> | 6. Change in course credit/type | | |

PROPOSED:

EXISTING:

Subject Abbreviation ABE Subject Abbreviation _____
Course Number 301 Course Number _____

TERMS OFFERED
Check All That Apply:
Summer Fall Spring

Long Title Modeling and Computational Tools in Biological Engineering

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

Short Title Model&Cmp Tool Bio Eng

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

<p>CREDIT TYPE</p> <p>1. Fixed Credit: Cr. Hrs. <input type="text" value="3"/></p> <p>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"/></p> <p>3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Thesis Credit: Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>COURSE ATTRIBUTES: Check All That Apply.</p> <p>1. Pass/Not Pass Only <input type="checkbox"/></p> <p>2. Satisfactory/Unsatisfactory Only <input type="checkbox"/></p> <p>3. Repeatable <input type="checkbox"/> Maximum repeatable credit: <input type="text"/></p> <p>4. Credit by Examination <input type="checkbox"/></p> <p>5. Designator Required <input type="checkbox"/></p> <p>6. Special Fees <input type="checkbox"/></p>		<p>7. Registration Approval Type Department <input type="text"/> Instructor <input type="text"/></p> <p>8. Variable Title <input type="checkbox"/></p> <p>9. Remedial <input type="checkbox"/></p> <p>10. Honors <input type="checkbox"/></p> <p>11. Full Time Privilege <input type="checkbox"/></p> <p>12. Off Campus Experience <input type="checkbox"/></p>	
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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	50	3	16	100%	Syn	Live
Laboratory						
Studio						
Distance						
Clinic						
Experiential						
Research						
Ind. Study						
Pract/Observ						

COURSE DESCRIPTION (INCLUDE REQUISITES):

Prerequisites: MA 265 and MA 266 or MA 262 and ABE 202
Introduction to principles of analysis, setup, and modeling of biological systems using fundamental principles of engineering. Development of algebraic and differential models of steady state and transient processes involving material and energy balances, elementary thermodynamic, transport, and kinetic reaction principles, and economics in biological engineering systems.

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 School Dean _____ Date _____	Graduate Council Secretary _____ Date _____
Graduate Area Committee Convener _____ Date _____	Graduate Dean _____ Date _____	West Lafayette Registrar _____ Date _____

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TO: [Illegible]
FROM: [Illegible]
SUBJECT: [Illegible]

RECEIVED
AUG 5 2005
ENGINEERING
ADMINISTRATION