

DEPARTMENT ECE

EFFECTIVE SESSION Fall 2006

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

- | | | | |
|--------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> | 1. New course with supporting documents | <input checked="" type="checkbox"/> | 7. Change in course attributes |
| <input type="checkbox"/> | 2. Add existing course | <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 | <input type="checkbox"/> | 12. Transfer from one department to another |

PROPOSED:

EXISTING:

Subject Abbreviation _____ Subject Abbreviation ECE

Course Number _____ Course Number 547

Long Title Introduction to Computer Communication Networks

Short Title _____

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

TERMS OFFERED

Check All That Apply:

Summer Spring Fall

CAMPUS(ES) INVOLVED

Calumet	<input type="checkbox"/>	Ft. Wayne	<input type="checkbox"/>
Indianapolis	<input type="checkbox"/>	N. Central	<input type="checkbox"/>
W.Lafayette	<input checked="" type="checkbox"/>	Cont Ed	<input type="checkbox"/>
Tech Statewide	<input type="checkbox"/>		<input type="checkbox"/>

CREDIT TYPE

- 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

COURSE ATTRIBUTES: Check all That Apply

- Pass/Not Pass Only
- Satisfactory/Unsatisfactory Only
- Repeatable Maximum repeatable credit:
- Credit by Examination
- Designator Required
- Special Fees

7. Registration Approval Type

- | | | | |
|---------------------------|-------------------------------------|------------|--------------------------|
| Department | <input checked="" type="checkbox"/> | Instructor | <input type="checkbox"/> |
| 8. Variable Title | <input type="checkbox"/> | | <input type="checkbox"/> |
| 9. Remedial | <input type="checkbox"/> | | <input type="checkbox"/> |
| 10. Honors | <input type="checkbox"/> | | <input type="checkbox"/> |
| 11. Full Time Privilege | <input type="checkbox"/> | | <input type="checkbox"/> |
| 12. Off Campus Experience | <input type="checkbox"/> | | <input type="checkbox"/> |

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						
Recitation						
Presentation						
Laboratory						
Lab Prep						
Studio						
Distance						
Clinic						
Experiential						
Research						
Ind. Study						
Pract/Observ						

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES):

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	Date
West Lafayette Department Head	Date	West Lafayette College/School Dean	Date	Graduate Council Secretary	Date
Graduate Council Area Committee Chair	Date	Graduate Dean	Date	West Lafayette Registrar	Date

Michael T. Kim 5/30/06 *Marilyn D. Heintz 8/9/06*

Sandra Schaffer

8/14/06

AM