

MSE 38199

2015D

Office of the Registrar
FORM 40 REV. 5/11

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

Print Form

EFD 23-14

DEPARTMENT Materials Engineering

EFFECTIVE SESSION Fall 2014

2015D

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:

Subject Abbreviation MSE

Subject Abbreviation _____

Course Number MSE 38199

Course Number _____

Long Title Professional Practice 3-Session Co-Op I

Short Title Prof Prac Co-Op I

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

TERMS OFFERED
Check All That Apply:

Fall Spring Summer

CAMPUS(ES) INVOLVED

<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	

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

<input type="checkbox"/> 1. Pass/Not Pass Only	<input type="checkbox"/> 6. Registration Approval Type	Department <input checked="" type="checkbox"/>	Instructor <input type="checkbox"/>
<input checked="" type="checkbox"/> 2. Satisfactory/Unsatisfactory Only	<input type="checkbox"/>		
<input type="checkbox"/> 3. Repeatable	<input type="checkbox"/>		
Maximum Repeatable Credit: _____	<input type="checkbox"/>		
<input type="checkbox"/> 4. Credit by Examination	<input type="checkbox"/>		
5. Fees: <input type="checkbox"/> Coop <input checked="" type="checkbox"/> Lab <input type="checkbox"/> Rate Request	<input type="checkbox"/>		
Include comment to explain fee _____	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

ScheduleType	Minutes Per Mfg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture	_____	_____	_____	_____
Recitation	_____	_____	_____	_____
Presentation	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
Lab Prep	_____	_____	_____	_____
Studio	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Clinic	_____	_____	_____	_____
Experiential	<u>X</u>	_____	_____	_____
Research	_____	_____	_____	_____
Ind. Study	_____	_____	_____	_____
Prac/Observ	_____	_____	_____	_____

Cross-Listed Courses

RECEIVED

FEB 12 2014

OFFICE OF THE REGISTRAR

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):
To obtain professional practice with qualified employers within industry, government, or small business.

*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 Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____

Danda Schaffer 2/21/14
West Lafayette Registrar Date

OFFICE OF THE REGISTRAR

LAM 2/20/14

MSE 38299

Office of the Registrar
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(10000-40000 LEVEL)

Print Form
EFD 23-14

DEPARTMENT Materials Engineering

EFFECTIVE SESSION Fall 2014

201510

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:

Subject Abbreviation MSE

Subject Abbreviation _____

Course Number MSE 38299

Course Number _____

Long Title Professional Practice 3-Session Co-Op II

Short Title Prof Prac Co-Op II

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

TERMS OFFERED
Check All That Apply:

Fall Spring Summer

CAMPUS(ES) INVOLVED

<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	

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 <input type="checkbox"/>	6. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/>
2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/>	7. Variable Title <input type="checkbox"/>
3. Repeatable <input type="checkbox"/>	8. Honors <input type="checkbox"/>
Maximum Repeatable Credit: _____	9. Full Time Privilege <input checked="" type="checkbox"/>
4. Credit by Examination <input type="checkbox"/>	10. Off Campus Experience <input type="checkbox"/>
5. Fees: <input type="checkbox"/> Coop <input checked="" type="checkbox"/> Lab <input type="checkbox"/> Rate Request	
Include comment to explain fee	

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture	_____	_____	_____	_____
Recitation	_____	_____	_____	_____
Presentation	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
Lab Prep	_____	_____	_____	_____
Studio	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Clinic	_____	_____	_____	_____
Experiential	✓	_____	_____	_____
Research	_____	_____	_____	_____
Ind. Study	_____	_____	_____	_____
Prac/Observ	_____	_____	_____	_____

Cross-Listed Courses

RECEIVED

FEB 12 2014

OFFICE OF THE REGISTRAR

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

To obtain professional practice with qualified employers within industry, government, or small business.

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Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____
North Central Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____

[Signature] _____ Date 2/12/14
West Lafayette Registrar

OFFICE OF THE REGISTRAR

lsm 2/20/14

MSE 38399

Office of the Registrar
FORM 40 REV. 5/11

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Print Form
EFD 23-14

DEPARTMENT Materials Engineering

EFFECTIVE SESSION Fall 2014

20150

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 |
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| <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:

Subject Abbreviation MSE

Subject Abbreviation _____

Course Number MSE 38399

Course Number _____

Long Title Professional Practice 3-Session Co-Op III

Short Title Prof Prac Co-Op III

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

TERMS OFFERED
Check All That Apply:

Fall Spring Summer

CAMPUS(ES) INVOLVED

<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	

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 <input type="checkbox"/> | 6. Registration Approval Type
Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/> |
| 2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/> | 7. Variable Title <input type="checkbox"/> |
| 3. Repeatable <input type="checkbox"/> | 8. Honors <input type="checkbox"/> |
| Maximum Repeatable Credit: _____ | 9. Full Time Privilege <input checked="" type="checkbox"/> |
| 4. Credit by Examination <input type="checkbox"/> | 10. Off Campus Experience <input type="checkbox"/> |
| 5. Fees: <input type="checkbox"/> Coop <input checked="" type="checkbox"/> Lab <input type="checkbox"/> Rate Request | |
| Include comment to explain fee | |

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

Cross-Listed Courses

RECEIVED

FEB 12 2014

OFFICE OF THE REGISTRAR

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

To obtain professional practice with qualified employers within industry, government, or small business.

*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 Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____

Danda Shrestha 2/20/14
West Lafayette Registrar Date

OFFICE OF THE REGISTRAR

LAM 2/20/14

TO: Faculty of the College of Engineering

FROM: Faculty of the School of Materials Engineering

DATE: November 21, 2013

RE: New Courses numbered MSE 38199, MSE 38299, MSE 38399

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

MSE 38199 Professional Practice 3-Session Co-Op I

Sem 1,2, and SS. Credits: 0
 Restrictions: Professional Practice students only
 Prerequisites: Sophomore standing or higher

To obtain professional practice with qualified employers within industry, government, or small business.

MSE 38299 Professional Practice 3-Session Co-Op II

Sem 1, 2, and SS. Credits: 0
 Restrictions: Professional Practice students only
 Prerequisites: MSE 38199

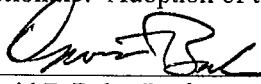
To obtain professional practice with qualified employers within industry, government, or small business.

MSE 38399 Professional Practice 3-Session Co-Op III

Sem 1, 2, and SS. Credits: 0
 Restrictions: Professional Practice students only
 Prerequisites: MSE 38299

To obtain professional practice with qualified employers within industry, government, or small business.

Rationale: Adoption of the 3-session Professional Practice courses into the MSE curriculum.



David F. Bahr, Professor and Head
School of Materials Engineering

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

ECC Minutes 2/4/14
 Date 2/4/14
 Chairman ECC J. H. 2. H.