

DEPARTMENT Aeronautics & Astronautics

DATE SUBMITTED 03/05/03

DATE EFFECTIVE Fall 2003

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

PURPOSE

- | | |
|---|---|
| <input 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 _____
Course Number _____

Subject Abbreviation AAE
Course Number 418

Check All That Apply.

Summer Fall Ag Winter Spring

Proposed Title Zero-Gravity Flight Experiment

Variable Title Yes No

Abbreviated Title Zero-Gravity Flt Exper

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

CROSS LISTED COURSES

CREDIT TYPE

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

COURSE ATTRIBUTES: Check All That Apply.

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 _____
Primary _____
Secondary _____
Laboratory _____
Lab. Prep. _____

Class Hours 3

FTE _____

Instructional Type _____
Auto-tutorial _____
Ind. Study _____
Clinic _____
Experiential _____

Class Hours _____

FTE _____

Instructional Type _____
Thesis _____
Observation _____
Matts Based _____

Class Hours _____

FTE _____

CAMPUS(ES) INVOLVED

Calumet
Fort Wayne
Indianapolis
North Central
West Lafayette
Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

AAE 418 Zero-Gravity Flight Experiment Sem. 1, class 1, lab. 4, cr. 3; Co-rerequisite: AAE 333 or consent of instructor.

Team-based design-build-test engineering experience to maximize the benefits of student participation in the NASA Reduced Gravity Student Flight Opportunity Program (or similar). Gravity, orbits, and weightlessness. Low-gravity capillary fluid physics, scaling laws, and components. Experiment design for multiple short zero gravity test times. Technical proposal writing, design for manufacturability, experiment fabrication, planning, testing, and execution.

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 <i>Michael D. Johnson</i> Apr. for Faculty #972 M.D. Zoltowski, Chair 4/5/03	Date
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	
<i>John A. ...</i> 3/6/03		<i>... Huggins</i> 4/9/03		Graduate Council Secretary <i>Debra Sheets</i>	Date
West Lafayette Department Head	Date	West Lafayette School Dean	Date	West Lafayette Registrar CERTIFYING OFFICIAL	Date
Graduate Area Committee Convener	Date	Graduate Dean	Date		