

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

EFD 25-04

DEPARTMENT Engineering Education

EFFECTIVE SESSION Fall 2005

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:

Subject Abbreviation ENE
Course Number 699

EXISTING:

Subject Abbreviation _____
Course Number _____

TERMS OFFERED
Check All That Apply:
Summer Fall Spring

Long Title Research Ph.D. Thesis
Short Title Research PhD Thesis

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

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

CREDIT TYPE

1. Fixed Credit: Cr. Hrs.
2. Variable Credit Range:
Minimum Cr. Hrs. 1
(Check One) To Or
Maximum Cr. Hrs. 18
3. Equivalent Credit: Yes No
4. Thesis Credit: Yes No

COURSE ATTRIBUTES: Check All That Apply.

1. Pass/Not Pass Only
2. Satisfactory/Unsatisfactory Only
3. Repeatable
Maximum repeatable credit: 1-18
4. Credit by Examination
5. Designator Required
6. Special Fees

7. Registration Approval Type

- Department Instructor
8. Variable Title
9. Remedial
10. Honors
11. Full Time Privilege
12. Off Campus Experience

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)
Traditional						
Presentation						
Laboratory						
Lab Prep						
Studio						
Distance						
Clinic						
Experiential						
Research	X					
Ind. Study						
Pract/Observ						

COURSE DESCRIPTION (INCLUDE REQUISITES):

Ph.D. Thesis

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 _____

MAY 27 2005

