

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

Print Form

EFD 26-09

DEPARTMENT Civil Engineering

EFFECTIVE SESSION Fall 2010

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 CE

Subject Abbreviation \_\_\_\_\_

Course Number 38199

Course Number \_\_\_\_\_

Long Title Professional Practice 9-Session Co-Op I

Short Title Prof Practice 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:

- Summer  Fall  Spring

**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. \_\_\_\_\_ To \_\_\_\_\_ Or \_\_\_\_\_  
(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 checked="" type="checkbox"/> 2. Satisfactory/Unsatisfactory Only | <input type="checkbox"/> 7. Variable Title                 | <input type="checkbox"/>  |
| <input type="checkbox"/> 3. Repeatable                                  | <input type="checkbox"/> 8. Honors                         | <input type="checkbox"/>  |
| Maximum Repeatable Credit: _____  | <input checked="" type="checkbox"/> 9. Full Time Privilege | <input checked="" type="checkbox"/>                             |
| <input type="checkbox"/> 4. Credit by Examination                       | <input type="checkbox"/> 10. Off Campus Experience         | <input checked="" type="checkbox"/>                             |
| <input checked="" type="checkbox"/> 5. Special Fees                     |  |   |

ScheduleType	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture				
Discussion				
Presentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential	<input checked="" type="checkbox"/>			
Research				
Ind. Study				
Pract/Observ				

Cross-Listed Courses

---

---

---

---

---

---

---

---

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Sem 1, 2, and SS. Credits: 0  
Restrictions: Professional Practice students only  
Prerequisites: Junior standing or consent of instructor  
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 _____
Central Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____

*Sandra Schaffer* 11/2/10  
West Lafayette Registrar \_\_\_\_\_ Date \_\_\_\_\_

11/1/10  
*[Signature]*



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

EAD 26-09

Print Form

DEPARTMENT Civil Engineering

EFFECTIVE SESSION

Fall 2010

SP 2011

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 CE

Subject Abbreviation \_\_\_\_\_

Course Number 38299

Course Number \_\_\_\_\_

Long Title Professional Practice 3-Session Co-Op II

Short Title Prof Practice 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:

Summer  Fall  Spring

CAMPUS(ES) INVOLVED

Calumet  N. Central  
 Cont Ed  Tech Statewide  
 Ft. Wayne  W. Lafayette  
 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
2. Satisfactory/Unsatisfactory Only
3. Repeatable   
 Maximum Repeatable Credit:
4. Credit by Examination
5. Special Fees
6. Registration Approval Type  
 Department  Instructor
7. Variable Title
8. Honors
9. Full Time Privilege
10. Off Campus Experience

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture				
Recitation				
Simulation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential	<input checked="" type="checkbox"/>			
Research				
Ind. Study				
Pract/Observ				

Cross-Listed Courses

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Sem 1, 2, and SS. Credits: 0  
 Restrictions: Professional Practice students only  
 Prerequisites: CE 38199  
 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 _____
Central Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____

*[Signature]* 11/12/10  
 West Lafayette Registrar \_\_\_\_\_ Date \_\_\_\_\_

11/11/10  
*[Signature]*



**PURDUE UNIVERSITY**

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

Print Form

Office of the Registrar  
FORM 40 REV. 12/09

*EFD 26-09*

DEPARTMENT Civil Engineering

EFFECTIVE SESSION

Fall 2010 *SP 2011*

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 CE

Subject Abbreviation \_\_\_\_\_

Course Number 38399

Course Number \_\_\_\_\_

Long Title Professional Practice 3-Session Co-Op III

Short Title Prof Practice 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:

Summer  Fall  Spring

**CAMPUS(ES) INVOLVED**

Calumet  N. Central  
 Cont Ed  Tech Statewide  
 Ft. Wayne  W. Lafayette  
 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   
 2. Satisfactory/Unsatisfactory Only   
 3. Repeatable   
 Maximum Repeatable Credit: \_\_\_\_\_  
 4. Credit by Examination   
 5. Special Fees   
 6. Registration Approval Type  
 Department  Instructor \_\_\_\_\_  
 7. Variable Title   
 8. Honors   
 9. Full Time Privilege   
 10. Off Campus Experience

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture				
citation				
resentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential	<input checked="" type="checkbox"/>			
Research				
Ind. Study				
Pract/Observ				

**Cross-Listed Courses**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

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

<u>Mike B...</u> _____ Date <u>1/28/10</u> West Lafayette Department Head	<u>Michael Y. ...</u> _____ Date <u>10/19/10</u> West Lafayette College/School Dean	<u>Sandra ...</u> _____ Date <u>11/7/10</u> West Lafayette Registrar
--	--	---

*11/10*



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

Print Form

EFD 26-09

DEPARTMENT Civil Engineering EFFECTIVE SESSION Fall 2010

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:**

Subject Abbreviation CE  
Course Number 38199  
Long Title Professional Practice 3-Session Co-Op I  
Short Title CE PP 3-1

**EXISTING:**

Subject Abbreviation \_\_\_\_\_  
Course Number \_\_\_\_\_  
Long Title \_\_\_\_\_  
Short Title \_\_\_\_\_

**TERMS OFFERED**  
Check All That Apply:

- Summer  Fall  Spring

**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 |  |

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

**CREDIT TYPE**

1. Fixed Credit: Cr. Hrs.   
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                             |
| <input checked="" type="checkbox"/> 2. Satisfactory/Unsatisfactory Only | Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/> |
| <input type="checkbox"/> 3. Repeatable                                  | 7. Variable Title <input type="checkbox"/>   |
| Maximum Repeatable Credit: <input type="text"/>                         | 8. Honors <input type="checkbox"/>   |
| <input type="checkbox"/> 4. Credit by Examination                       | 9. Full Time Privilege <input checked="" type="checkbox"/>                         |
| <input checked="" type="checkbox"/> 5. Special Fees                     | 10. Off Campus Experience <input checked="" type="checkbox"/>                      |

ScheduleType	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
ure				
...citation				
Presentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential	<input checked="" type="checkbox"/>			
Research				
Ind. Study				
Pract/Observ				

**Cross-Listed Courses**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Sem 1, 2, and SS. Credits: 0  
Restrictions: Professional Practice students only  
Prerequisites: Junior standing or consent of instructor  
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 <u>MKBes</u> <u>9/29/10</u> _____ Date _____	West Lafayette College/School Dean <u>[Signature]</u> <u>10/10/10</u> _____ Date _____

West Lafayette Registrar \_\_\_\_\_ Date \_\_\_\_\_





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

EAD 2609

Print Form

DEPARTMENT Civil Engineering

EFFECTIVE SESSION

Fall 2010

*SP 2011*

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:**

Subject Abbreviation CE

Course Number 38299

Long Title Professional Practice 3-Session Co-Op II

Short Title CE PP 3-2

**EXISTING:**

Subject Abbreviation \_\_\_\_\_

Course Number \_\_\_\_\_

**TERMS OFFERED**

Check All That Apply:

Summer  Fall  Spring

**CAMPUS(ES) INVOLVED**

Calumet  N. Central  
 Cont Ed  Tech Statewide  
 Ft. Wayne  W. Lafayette  
 Indianapolis

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

**CREDIT TYPE**

1. Fixed Credit: Cr. Hrs.   
 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   
 2. Satisfactory/Unsatisfactory Only   
 3. Repeatable   
 Maximum Repeatable Credit:   
 4. Credit by Examination   
 5. Special Fees   
 6. Registration Approval Type  
 Department  Instructor   
 7. Variable Title   
 8. Honors   
 9. Full Time Privilege   
 10. Off Campus Experience

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
lecture				
recitation				
Presentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential	<input checked="" type="checkbox"/>			
Research				
Ind. Study				
Pract/Observ				

**Cross-Listed Courses**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Sem 1, 2, and SS. Credits: 0  
 Restrictions: Professional Practice students only  
 Prerequisites: CE 38199  
 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 <i>MK Rus</i> _____ Date <i>1/29/10</i>	West Lafayette College/School Dean <i>Michael J. ...</i> _____ Date <i>10/18/10</i>

West Lafayette Registrar \_\_\_\_\_ Date \_\_\_\_\_



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

Print Form

*EPD 26-09*

DEPARTMENT Civil Engineering

EFFECTIVE SESSION Fall 2010

*SP 2011*

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 CE

Subject Abbreviation \_\_\_\_\_

Course Number 38399

Course Number \_\_\_\_\_

Long Title Professional Practice 3-Session Co-Op III

Short Title CE PP 3-3

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

**TERMS OFFERED**

Check All That Apply:

- Summer  Fall  Spring

**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**

**COURSE ATTRIBUTES: Check All That Apply**

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

1. Pass/Not Pass Only
2. Satisfactory/Unsatisfactory Only
3. Repeatable   
Maximum Repeatable Credit:
4. Credit by Examination
5. Special Fees

6. Registration Approval Type  
Department  Instructor \_\_\_\_\_
7. Variable Title
8. Honors
9. Full Time Privilege
10. Off Campus Experience

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Recitation				
Presentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential Research	<input checked="" type="checkbox"/>			
Ind. Study				
Pract/Observ				

**Cross-Listed Courses**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Sem 1, 2, and SS. Credits: 0  
Restrictions: Professional Practice students only  
Prerequisites: CE 38299  
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 <i>McB...</i> <u>1/29/10</u>	West Lafayette College/School Dean <i>Michael G. ...</i> <u>10/10/10</u>

West Lafayette Registrar \_\_\_\_\_

Date \_\_\_\_\_



**TO:** Faculty of the College of Engineering  
**FROM:** Faculty of the School of Civil Engineering  
**DATE:** February 6, 2009  
**RE:** New Courses numbered CE 38199, CE 38299, CE 38399

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

**CE 38199 Professional Practice ~~3-Session~~ Co-Op I**

Sem 1, 2, and SS. Credits: 0  
Restrictions: Professional Practice students only  
Prerequisites: Junior standing or consent of instructor

Professional experience in civil engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

---

**CE 38299 Professional Practice ~~3-Session~~ Co-Op II**

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

Professional experience in civil engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

---

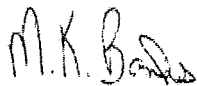
**CE 38399 Professional Practice ~~3-Session~~ Co-Op III**

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

Professional experience in civil engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

---

**Rationale:** Transferring the 3-session Professional Practice courses into each individual discipline.



Kathy Banks, Head  
School of Civil Engineering

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

ECC Minutes #2

Date 9-21-09

Chairman ECC R Cijra

