

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

*EPD 29-09*

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:**

**TERMS OFFERED**

Check All That Apply:

Subject Abbreviation CE

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

Summer  Fall  Spring

Course Number 29199

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

**CAMPUS(ES) INVOLVED**

Long Title CE 29199 Professional Practice *Extensive* 5-Session Co-Op I

Short Title Prof Practice Extensive I

- |                                       |  |
|---------------------------------------|--|
| <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**

**COURSE ATTRIBUTES: Check All That Apply**

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

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				
Simulation				
Presentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential	<input checked="" type="checkbox"/>			
Research				
Ind. Study				
Pract/Observ				

Cross-Listed Courses

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

Sem. 1, 2 or SS, cr. 0.  
Restrictions: Professional Practice students only. Prerequisite: Sophomore 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.

**\*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 <u>MKB</u> Date <u>1/28/10</u>	Vice Chancellor for Academic Affairs _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean <u>Michael J. Davis</u> Date <u>1/19/10</u>
	West Lafayette Registrar <u>Sandra Schaffer</u> Date <u>1/27/10</u>

*1/11/10*  
*[Signature]*



*EFD*  
*27-09*  
*SP 2011*

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:**

**TERMS OFFERED**

Check All That Apply:

Subject Abbreviation CE

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

Summer  Fall  Spring

Course Number 29299

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

**CAMPUS(ES) INVOLVED**

Long Title CE 29299 Professional Practice ~~3-Session~~ Co-Op II

Short Title Prof Practice Extensive II

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**

**COURSE ATTRIBUTES: Check All That Apply**

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

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				
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 or SS, cr. 0.  
Restrictions: Professional Practice students only Prerequisite: CE 29199  
Professional experience in civil engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

**\*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 Chaffin* 11/2/10  
West Lafayette Registrar Date

*11/10*



EAD  
27-09

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 39399

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

Long Title CE 39399 Professional Practice - ~~6-Session~~ <sup>EXTENSIVE</sup> Co-Op III

Short Title Prof Practice Extensive 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				
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 or SS, cr. 0.  
 Restrictions: Professional Practice students only Prerequisite: CE 29299  
 Professional experience in civil engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

**\*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 _____

*[Handwritten Signature]* \_\_\_\_\_ Date 11/2/10  
 West Lafayette Registrar

11/11/10  
*[Handwritten mark]*



*EFD*  
*27-09*

**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:**

**TERMS OFFERED**  
Check All That Apply:

Subject Abbreviation CE

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

Summer  Fall  Spring

Course Number 39499

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

**CAMPUS(ES) INVOLVED**

Long Title CE 39499 Professional Practice ~~6-Session~~ *EXTENSIVE* Co-Op IV

Short Title Prof Practice Extensive IV

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**

**COURSE ATTRIBUTES: Check All That Apply**

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

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

ScheduleType	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 or SS, cr. 0.  
 Restrictions: Professional Practice students only Prerequisite: CE 39399  
 Professional experience in civil engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

**\*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* 1/7/10  
 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  
27-09

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 39599

Course Number

Long Title CE 39499 Professional Practice ~~6-Session~~ Co-Op V

Short Title Prof Practice Extensive V

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

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

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Sem. 1, 2 or SS, cr. 0.  
 Restrictions: Professional Practice students only Prerequisite: CE 39499  
 Professional experience in civil engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

\*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 _____
	West Lafayette Registrar _____ Date _____

*Handwritten signature and date: 11/2/10*

*Handwritten marks and date: 11/11/10*



PURDUE UNIVERSITY

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

*EPD 27-09*

Print Form

Office of the Registrar  
FORM 40 REV. 12/09

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 29199 Course Number \_\_\_\_\_  
 Long Title CE 29199 Professional Practice 5-Session Co-Op I  
 Short Title CE PP 5-1

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 or SS, cr. 0.  
 Restrictions: Professional Practice students only. Prerequisite: Sophomore 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.

\*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 <i>MKB</i> _____ Date <u>1/24/10</u>	Vice Chancellor for Academic Affairs <i>Michael Y. Davis</i> _____ Date <u>10/19/10</u>
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____
	West Lafayette Registrar _____ Date _____



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

Print Form

EFD  
27-09  
Fall 2010 SP 2011

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                      |

<b>PROPOSED:</b>		<b>EXISTING:</b>	
Subject Abbreviation	CE	Subject Abbreviation	
Course Number	29299	Course Number	
Long Title	CE 29299 Professional Practice - Session Co-Op II		
Short Title	CE PP 5-2		
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

<b>CREDIT TYPE</b>		<b>COURSE ATTRIBUTES: Check All That Apply</b>	
1. Fixed Credit: Cr. Hrs.	<u>0</u>	1. Pass/Not Pass Only	<input type="checkbox"/>
2. Variable Credit Range: Minimum Cr. Hrs. (Check One) To	<u>0</u> Or <u> </u>	2. Satisfactory/Unsatisfactory Only	<input checked="" type="checkbox"/>
Maximum Cr. Hrs.	<u> </u>	3. Repeatable	<input type="checkbox"/>
3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>		Maximum Repeatable Credit:	<input type="checkbox"/>
		4. Credit by Examination	<input type="checkbox"/>
		5. Special Fees	<input checked="" type="checkbox"/>
		6. Registration Approval Type	<input checked="" type="checkbox"/> Department <input type="checkbox"/> Instructor
		7. Variable Title	<input type="checkbox"/>
		8. Honors	<input type="checkbox"/>
		9. Full Time Privilege	<input checked="" type="checkbox"/>
		10. Off Campus Experience	<input checked="" type="checkbox"/>

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated	Cross-Listed Courses
Lecture					
Simulation					
Presentation					
Laboratory					
Lab Prep					
Studio					
Distance					
Clinic					
Experiential	X				

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):  
Sem. 1, 2 or SS, cr. 0.  
Restrictions: Professional Practice students only Prerequisite: CE 29199  
Professional experience in civil engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

\*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 _____
	West Lafayette Registrar _____ Date _____



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

*EFD*  
*27-09*

Print Form

ARTMENT 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 39399

Long Title CE 39399 Professional Practice ~~6-Session~~ *EXPIRIVE* Co-Op III

Short Title CE PP 5-3

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

**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

**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

ScheduleType	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
ture	_____	_____	_____	_____
itation	_____	_____	_____	_____
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 or SS, cr. 0.  
 Restrictions: Professional Practice students only Prerequisite: CE 29299  
 Professional experience in civil engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

**\*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 B...</i> _____ Date <i>1/24/10</i>	West Lafayette College/School Dean <i>Michael J. Tolman</i> _____ Date <i>10/26/09</i>
	West Lafayette Registrar _____ Date _____





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

*EFD*  
*27-09*

Print Form

ARTMENT 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                      |

<b>PROPOSED:</b>	<b>EXISTING:</b>
Subject Abbreviation <u>CE</u>	Subject Abbreviation _____
Course Number <u>39499</u>	Course Number _____
Long Title <u>CE 39499 Professional Practice <del>6-Session</del> <i>EXPIRING</i> Co-Op IV</u>	_____
Short Title <u>CE PP 5-4</u>	_____
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	

<b>CREDIT TYPE</b>	<b>COURSE ATTRIBUTES: Check All That Apply</b>
1. Fixed Credit: Cr. Hrs. <u>0</u>	1. Pass/Not Pass Only <input type="checkbox"/>
2. Variable Credit Range: Minimum Cr. Hrs. _____ (Check One) To _____ Or _____ Maximum Cr. Hrs. _____	2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/>
3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Repeatable <input type="checkbox"/>
	4. Credit by Examination <input type="checkbox"/>
	5. Special Fees <input checked="" type="checkbox"/>
	6. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/>
	7. Variable Title <input type="checkbox"/>
	8. Honors <input type="checkbox"/>
	9. Full Time Privilege <input checked="" type="checkbox"/>
	10. Off Campus Experience <input checked="" type="checkbox"/>

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

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

Sem. 1, 2 or SS, cr. 0.  
Restrictions: Professional Practice students only Prerequisite: CE 39399  
Professional experience in civil engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

**\*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 _____
	West Lafayette Registrar _____ Date _____



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

Print Form

*EFD*  
*27-09*

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                      |

<b>PROPOSED:</b>	<b>EXISTING:</b>
Subject Abbreviation <u>CE</u>	Subject Abbreviation _____
Course Number <u>39599</u>	Course Number _____
Long Title <u>CE 39499 Professional Practice 6-Session Co-Op V</u>	Long Title _____
Short Title <u>CE PP 5-5</u>	Short Title _____

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	

<b>CREDIT TYPE</b>	<b>COURSE ATTRIBUTES: Check All That Apply</b>
1. Fixed Credit: Cr. Hrs. <input type="text" value="0"/>	1. Pass/Not Pass Only <input type="checkbox"/>
2. Variable Credit Range: Minimum Cr. Hrs. <input type="text"/> (Check One) To <input type="text"/> Or <input type="text"/> Maximum Cr. Hrs. <input type="text"/>	2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/>
3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Repeatable <input type="checkbox"/>
	4. Credit by Examination <input type="checkbox"/>
	5. Special Fees <input checked="" type="checkbox"/>
	6. Registration Approval Type Department <input type="checkbox"/> Instructor <input type="checkbox"/>
	7. Variable Title <input type="checkbox"/>
	8. Honors <input type="checkbox"/>
	9. Full Time Privilege <input checked="" type="checkbox"/>
	10. Off Campus Experience <input checked="" type="checkbox"/>

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Core				
Continuation				
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 or SS, cr. 0.  
Restrictions: Professional Practice students only Prerequisite: CE 39499  
Professional experience in civil engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

**\*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 _____
	West Lafayette Registrar _____ Date _____



**TO:** The Engineering Faculty  
**FROM:** The Faculty of the School of Civil Engineering  
**DATE:** February 6, 2009  
**RE:** New Courses CE 29199, CE 29299, CE 39399, CE 39499, CE 39599

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.

*Extensive*  
**CE 29199 Professional Practice ~~5-Session~~ Co-Op I**  
Sem. 1, 2 or SS, cr. 0.  
Restrictions: Professional Practice students only  
Prerequisite: Sophomore 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.

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*Extensive*  
**CE 29299 Professional Practice ~~5-Session~~ Co-Op II**  
Sem. 1, 2 or SS, cr. 0.  
Restrictions: Professional Practice students only  
Prerequisite: CE 29199

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

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*Extensive*  
**CE 39399 Professional Practice ~~5-Session~~ Co-Op III**  
Sem. 1, 2 or SS, cr. 0.  
Restrictions: Professional Practice students only  
Prerequisite: CE 29299

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

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*Extensive*

**CE 39499 Professional Practice ~~5-Session~~ Co-Op IV**  
Sem. 1, 2 or SS, cr. 0.  
Restrictions: Professional Practice students only  
Prerequisite: CE 39399

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

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*Extensive*

**CE 39599 Professional Practice ~~5-Session~~ Co-Op V**  
Sem. 1, 2 or SS, cr. 0.  
Restrictions: Professional Practice students only  
Prerequisite: CE 39499

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

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**REASON:** To maintain consistent course numbers and titles for Professional Practice courses throughout all disciplines participating in the Professional Practice Programs.

*M.K. Banks*

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*M. Katherine Banks*  
*Bowen Engineering Head and Professor*  
*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. Cypis

