

DEPARTMENT Nuclear Engineering DATE SUBMITTED 3/20/03 DATE EFFECTIVE Spring 2004

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

PURPOSE

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 1. Deletion of a course | <input type="checkbox"/> 8. Change in semesters offered |
| <input 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 _____ Subject Abbreviation NUCL
Course Number _____ Course Number 356

Check All That Apply.
Summer Fall Ag Winter Spring

Proposed Title Heat Transfer Lab
Variable Title Yes No

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

CROSS LISTED COURSES

CREDIT TYPE

COURSE ATTRIBUTES: Check All That Apply.

- | | | |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| _____ | 1. Fixed Credit: Cr. Hrs. _____ | 1. Pass/Not Pass Only <input type="checkbox"/> |
| _____ | 2. Variable Credit Range: Minimum Cr. Hrs. _____ (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> Maximum Cr. Hrs. _____ | 2. Repeatable for Credit <input type="checkbox"/> |
| _____ | 3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/> | 3. Available for Credit by Examination <input type="checkbox"/> |
| _____ | 4. Thesis Credit: Yes <input type="checkbox"/> No <input type="checkbox"/> | 4. Designator Required <input type="checkbox"/> |
| _____ | | 5. Special Fees <input type="checkbox"/> |
| _____ | | 6. Approval Required for Enrollment <input type="checkbox"/> |
| _____ | | Department _____ |
| _____ | | Instructor _____ |

Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	CAMPUS(ES) INVOLVED
Primary	_____	_____	Auto-tutorial	_____	_____	Thesis	_____	_____	Calumet <input type="checkbox"/>
Secondary	_____	_____	Ind. Study	_____	_____	Observation	_____	_____	Fort Wayne <input type="checkbox"/>
Laboratory	_____	_____	Clinic	_____	_____	Matts Based	_____	_____	Indianapolis <input type="checkbox"/>
Lab. Prep.	_____	_____	Experiential	_____	_____				North Central <input type="checkbox"/>
									West Lafayette <input checked="" type="checkbox"/>
									Off Campus <input type="checkbox"/>

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

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 _____ Apr. for Faculty #972 M.D. Zoltowski, Chair 4/29/03
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 _____
West Lafayette Department Head <u>L.H. Tsch</u> <u>3/20/03</u>	West Lafayette School Dean <u>L.D. Higgins</u> <u>4/24/03</u>	Graduate Council Secretary _____ Date _____ <u>Debra Sheets</u>
Graduate Area Committee Convener _____ Date _____	Graduate Dean _____ Date _____	West Lafayette Registrar _____ Date _____

CHRIS B. YAM

RECEIVED
MAY 21 2003
ENGINEERING
ADMINISTRATION