

EFD 28-09

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:

Subject Abbreviation CE

Course Number 39699

Long Title Professional Practice Internship

Short Title Prof Practice Internship

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
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.
 Restriction: Departmental approval required. May be repeated for credit.
 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 <u>MK Bonds</u> <u>1/29/10</u>	West Lafayette College/School Dean <u>[Signature]</u> <u>10/18/10</u>

[Signature] 11/2/10
 West Lafayette Registrar _____ Date _____

11/11/10

PURDUE UNIVERSITY

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

EFD 28-09

Print Form

Office of the Registrar
FORM 40 REV. 12/09

DEPARTMENT Civil Engineering

EFFECTIVE SESSION Fall 2010 SP 2011

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| <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 39699
Long Title Professional Practice Internship
Short Title CE PP Internship

EXISTING:

Subject Abbreviation _____
Course Number _____

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

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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>MK Bonds</u> <u>1/24/10</u>	West Lafayette College/School Dean <u>[Signature]</u> <u>10/18/10</u>
	West Lafayette Registrar _____ Date _____

TO: The Engineering Faculty
FROM: The Faculty of the School of Civil Engineering
DATE: December 1, 2008
RE: New Course CE 39699

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

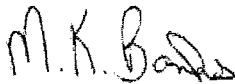
CE 39699 Professional Practice Internship

Sem. 1, 2 or SS, cr. 0.

Restriction: Departmental approval required. May be repeated for credit.

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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. 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. Cypia

