

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

EFD 29-04

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 698

EXISTING:

Subject Abbreviation _____
Course Number _____

TERMS OFFERED
Check All That Apply:
Summer Fall Spring

Long Title Research M. S. Thesis

Short Title Research MS Thesis

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

CAMPUS(ES) INVOLVED

Calumet	<input type="checkbox"/>	Fort Wayne	<input type="checkbox"/>
Indianapolis	<input type="checkbox"/>	N. Central	<input type="checkbox"/>
W.Lafayette	<input checked="" type="checkbox"/>	Cont Ed	<input type="checkbox"/>
Tech Statewide	<input type="checkbox"/>		

CREDIT TYPE

1. Fixed Credit: Cr. Hrs.
2. Variable Credit Range:
Minimum Cr. Hrs 1
(Check One) To Or 18
Maximum Cr. Hrs
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)
Lecture						
Discussion						
Presentation						
Laboratory						
Lab Prep						
Studio						
Distance						
Clinic						
Experiential						
Research						
Ind. Study						
Pract/Observ						

COURSE DESCRIPTION (INCLUDE REQUISITES):

M.S. 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	<i>Robert Montgomery</i> 4/26/05	Date
North Central Department Head	Date	North Central Chancellor	Date	Date Approved by Graduate Council	
<i>B. H. ...</i> 4/7/05	Date	<i>Legia H. Jamie</i> - 4/27/05	Date	<i>Marilyn D. Saint</i> 5/18/05	Date
West Lafayette Department Head	Date	West Lafayette School Dean	Date	Graduate Council Secretary	Date
Graduate Area Committee Convener	Date	<i>Phillip E. Pope</i> 5/18/05	Date	<i>Diana K. Sheets</i>	Date

MAY 27 2005

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