

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

*EFD 3-10*

Print Form

DEPARTMENT School of Aeronautics and Astronautics

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 AAE

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

Summer  Fall  Spring

Course Number 39699

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

**CAMPUS(ES) INVOLVED**

Long Title Professional Practice Internship

Short Title Prof. Practice Internship

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. 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):**

Restrictions: Departmental approval required. May be repeated for credit.  
Professional experience in aeronautics and astronautics. 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 School Dean _____	Date _____	North Central Vice Chancellor for Academic Affairs _____	Date _____
West Lafayette Department Head _____	Date _____	West Lafayette College/School Dean _____	Date _____

*[Signature]* 4/2/10  
West Lafayette Registrar Date

*11/11/10*



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**PROPOSED:**

Subject Abbreviation AAE

Course Number 39699

Long Title Professional Practice Internship

Short Title Prof. Prac. 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 |  |

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(Check One) To  Or   
Maximum Cr. Hrs. \_\_\_\_\_
3. Equivalent Credit: Yes  No

**COURSE ATTRIBUTES: Check All That Apply**

- |                                     |                                     |                               |  |            |                                     |
|-------------------------------------|-------------------------------------|-------------------------------|--|------------|-------------------------------------|
| 1. Pass/Not Pass Only               | <input type="checkbox"/>            | 6. Registration Approval Type | Department <input checked="" type="checkbox"/> | Instructor | <input type="checkbox"/>            |
| 2. Satisfactory/Unsatisfactory Only | <input checked="" type="checkbox"/> | 7. Variable Title             |  |            | <input type="checkbox"/>            |
| 3. Repeatable                       | <input checked="" type="checkbox"/> | 8. Honors                     |  |            | <input type="checkbox"/>            |
| Maximum Repeatable Credit:          | <input type="checkbox"/>            | 9. Full Time Privilege        |  |            | <input checked="" type="checkbox"/> |
| 4. Credit by Examination            | <input type="checkbox"/>            | 10. Off Campus Experience     |  |            | <input checked="" type="checkbox"/> |
| 5. Special Fees                     | <input checked="" type="checkbox"/> |                               |  |            |                                     |

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
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Clinic	_____	_____	_____	_____
Experiential	<input checked="" type="checkbox"/>	_____	_____	_____
Research	_____	_____	_____	_____
Ind. Study	_____	_____	_____	_____
Pract/Observ	_____	_____	_____	_____

Cross-Listed Courses

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Fort Wayne Department Head	Date	Fort Wayne School Dean	Date
Indianapolis Department Head	Date	Indianapolis School Dean	Date
North Central School Dean	Date	North Central Vice Chancellor for Academic Affairs	Date
<i>Marcella</i>	<i>11/17/09</i>	<i>Michael J. Blum</i>	<i>11/18/09</i>
West Lafayette Department Head	Date	West Lafayette College/School Dean	Date
		West Lafayette Registrar	Date



July 7, 2009

**TO:** The Engineering Faculty  
**FROM:** The Faculty of the School of Aeronautics and Astronautics  
**RE:** New Course AAE 39699

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

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**AAE 39699 Professional Practice Internship**

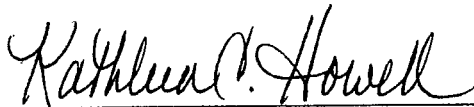
Sem. 1, 2 or SS, cr. 0.

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.



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Kathleen C. Howell, Interim Head  
School of Aeronautics and Astronautics

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

ECC Minutes #6

Date 11/2/09

Chairman ECC Ray Cipra

