

DEPARTMENT IDE

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

PURPOSE

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| <input type="checkbox"/> 1. Deletion of a course | <input type="checkbox"/> 8. Change in semesters offered |
| <input checked="" 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 |

<p>EXISTING:</p> <p>Subject Abbreviation <u>IDE</u></p> <p>Course Number _____</p> <p>Proposed Title <u>Professional Internship</u></p> <p>Variable Title Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Abbreviated Title <u>PROF INTERNSHIP</u></p> <p><small>Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)</small></p>	<p>PROPOSED:</p> <p>Subject Abbreviation <u>IDE</u></p> <p>Course Number <u>290</u></p>	<p>SEMESTERS OFFERED</p> <p>Check All That Apply.</p> <p>Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Ag Winter <input type="checkbox"/> Spring <input checked="" type="checkbox"/></p>
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<p>CROSS LISTED COURSES</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CREDIT TYPE</p> <p>1. Fixed Credit: Cr. Hrs. <u>0</u></p> <p>2. Variable Credit Range: Minimum Cr. Hrs _____ (Check One) To _____ Or _____ Maximum Cr. Hrs _____</p> <p>3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Thesis Credit: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>COURSE ATTRIBUTES: Check All That Apply.</p> <p>1. Pass/Not Pass Only <input checked="" type="checkbox"/></p> <p>2. Repeatable for Credit <input checked="" type="checkbox"/></p> <p>3. Available for Credit by Examination <input type="checkbox"/></p> <p>4. Designator Required <input type="checkbox"/></p> <p>5. Special Fees <input type="checkbox"/></p> <p>6. Approval Required for Enrollment <input type="checkbox"/></p> <p>Department _____</p> <p>Instructor _____</p>
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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	_____	_____	Mats 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): IDE 290 Professional Internship. Sem. 1 and 2. SS. Cr. 0 Prerequisite: Sophomore standing or above in Interdisciplinary Engineering and consent of instructor. May repeat this course, up to three times. Professional experience in Interdisciplinary Engineering. Internship experience intended to complement academic coursework and help prepare for a career as a practicing engineer.

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 <u>E. D. Sutton</u> _____ Date _____ Appr. for Faculty #958 C.D. Sutton, Chair 1/25/02
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>Shel C. Wankat</u> 12/5/01 _____ Date _____	West Lafayette School Dean <u>Z. J. Kuyper</u> 2/28/02 _____ Date _____	Graduate Council Secretary _____ Date _____ <u>Debrae Shurt</u> 1/30/02
Graduate Area Committee Convener _____ Date _____	Graduate Dean _____ Date _____	West Lafayette Registrar _____ Date _____

