

DEPARTMENT Biomedical Engineering

DATE SUBMITTED 4/09/04

DATE EFFECTIVE Fall 05

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

PURPOSE

- |                          |  |                                     |  |
|--------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> | 1. Deletion of a course                          | <input checked="" 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 BME  
Course Number 540

Subject Abbreviation \_\_\_\_\_  
Course Number \_\_\_\_\_

Check All That Apply.

Summer  Fall  Ag Winter  Spring

Proposed Title Biomechanics

Variable Title Yes  No

Abbreviated Title Biomechanics

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

CROSS LISTED COURSES

CREDIT TYPE

- Fixed Credit: Cr. Hrs. 3.0
- Variable Credit Range:  
Minimum Cr. Hrs \_\_\_\_\_  
(Check One) To \_\_\_\_\_ Or \_\_\_\_\_  
Maximum Cr. Hrs \_\_\_\_\_
- Equivalent Credit: Yes  No
- Thesis Credit: Yes  No

COURSE ATTRIBUTES: Check All That Apply.

- Pass/Not Pass Only
- Repeatable for Credit
- Available for Credit by Examination
- Designator Required
- Special Fees
- Approval Required for Enrollment  
Department   
Instructor

Instructional Type

Class Hours

FTE

Instructional Type

Class Hours

FTE

Instructional Type

Class Hours

FTE

CAMPUS(ES) INVOLVED

Primary \_\_\_\_\_  
Secondary \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Lab. Prep. \_\_\_\_\_

3.0

\_\_\_\_\_

Auto-tutorial \_\_\_\_\_  
Ind. Study \_\_\_\_\_  
Clinic \_\_\_\_\_  
Experiential \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thesis \_\_\_\_\_  
Observation \_\_\_\_\_  
Mats Based \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Calumet   
Fort Wayne   
Indianapolis   
North Central   
West Lafayette   
Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Application of engineering mechanics to the study of normal and diseased musculoskeletal systems, including bone and soft tissue biology, musculoskeletal statics and dynamics, mechanical properties of biological tissues, and structural analysis of bone-implant systems. Prof. Haberstroh.

Admission by consent of Instructor.

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> <u>4/23/04</u> Undergrad Curriculum Committee _____ Date _____
North Central Department Head _____ Date _____	North Central Vice Chancellor _____ Date _____	Date Approved by Graduate Council _____
<i>Greg Wodrich</i> <u>4/9/04</u> West Lafayette Department Head _____ Date _____	<i>Wahid Jamir</i> <u>4/23/04</u> West Lafayette School Dean _____ Date _____	<i>Marilyn D. Heist</i> <u>7/20/04</u> Graduate Council Secretary _____ Date _____
Graduate Area Committee Convener _____ Date _____	Graduate Dean _____ Date _____	<i>Debra Sheets</i> <u>7/26/04</u> West Lafayette Registrar _____ Date _____