

DEPARTMENT Biomedical Engineering

DATE SUBMITTED 11/17/04

DATE EFFECTIVE Spring 2006
~~07/05~~

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

PURPOSE

- | | | | |
|-------------------------------------|--|--------------------------|--|
| <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 |

EXISTING:

PROPOSED:

SEMESTERS OFFERED

Subject Abbreviation ~~BME~~
Course Number ~~695~~

Subject Abbreviation BME
Course Number 630

Check All That Apply.

Summer Fall Ag Winter Spring

Proposed Title Introduction to Biomedical Imaging Systems

Variable Title Yes No

Abbreviated Title Intro Biomed Imag Sys

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

CROSS LISTED COURSES

~~ECE~~ ECE 620

CREDIT TYPE

1. Fixed Credit: Cr. Hrs. 3
2. Variable Credit Range:
Minimum Cr. Hrs. _____
(Check One) To Or
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. Repeatable for Credit
3. Available for Credit by Examination
4. Designator Required
5. Special Fees
6. Approval Required for Enrollment
Department
Instructor

Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE
Primary	3.0		Auto-tutorial			Thesis		
Secondary			Ind. Study			Observation		
Laboratory			Clinic			Mats Based		
Lab. Prep.			Experiential					

CAMPUS(ES) INVOLVED

- Calumet
- Fort Wayne
- Indianapolis
- North Central
- West Lafayette
- Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

(Offered in alternate years.) Prerequisite: ECE 637 or ^{consent} permission of the instructor
Overview of biomedical imaging systems and analysis. Examination of various imaging modalities, including X-ray, ultrasound, nuclear, and MRI. Microscopy including how images are formed and what types of information they provide. Image analysis techniques, including analysis of cardiac ultrasound, mammography, and MRI functional imagery.

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>Phyllis Montgomery</i> 11/19/04 Undergrad Curriculum Committee	Date
<i>Wali</i> 5/12/05 North Central Department Head <u>ECE</u>	Date	North Central Vice Chancellor	Date	APPROVED 2/17/05 Date Approved by Graduate Council	
<i>Steph R. Woodcock</i> 11/17/04 West Lafayette Department Head	Date	<i>Leslie H. Jamin</i> 11/28/04 West Lafayette School Dean	Date	<i>Marilyn P. Leist</i> 5/16/05 Graduate Council Secretary	Date
<i>Andrew Stae</i> 2/17/05 Graduate Area Committee Convener	Date	Graduate Dean	Date	<i>Debra K. Sheets</i> West Lafayette Registrar	Date

MAY 27 2005

JUN 2 2005