


Date: January 31, 2017

To: Michael Harris, Associate Dean of Engineering for Engagement and Undergraduate Education

From: John W. Sutherland, Professor and Fehsenfeld Family Head



Subject: Fast Track for EFD 37-17

We are requesting that the schedule type be changed for EEE 29000, Introduction to Environmental and Ecological Engineering Seminar, from 50 minutes, 1 meeting per week to 75 minutes, 1 meeting per week. Ideally we would like this change to be effective for Fall 2017 but we realize that may not be possible.

Please contact me if you have any questions.

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

Print Form

DEPARTMENT Environmental and Ecological Engineering

EFFECTIVE SESSION Fall 2017

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

- | | |
|---|---|
| <input 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 checked="" type="checkbox"/> 6. Change in course credit/type | <input type="checkbox"/> 12. Transfer from one department to another |

PROPOSED:

Subject Abbreviation EEE

Course Number 29000

Long Title Introduction to Environmental And Ecological Engineering Seminar

Short Title Intro Env And Ecol Engineering

EXISTING:

Subject Abbreviation EEE

Course Number 29000

TERMS OFFERED
Check All That Apply:

Fall Spring Summer

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 | |

Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)

CREDIT TYPE

1. Fixed Credit: Cr. Hrs.
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 <input type="checkbox"/> | 6. Registration Approval Type
Department <input type="checkbox"/> Instructor <input type="checkbox"/> |
| 2. Satisfactory/Unsatisfactory Only <input type="checkbox"/> | 7. Variable Title <input type="checkbox"/> |
| 3. Repeatable <input type="checkbox"/>
Maximum Repeatable Credit: <input type="text"/> | 8. Honors <input type="checkbox"/> |
| 4. Credit by Examination <input type="checkbox"/> | 9. Full Time Privilege <input type="checkbox"/> |
| 5. Fees: <input type="checkbox"/> Coop <input type="checkbox"/> Lab <input type="checkbox"/> Rate Request <input type="checkbox"/>
Include comment to explain fee | 10. Off Campus Experience <input type="checkbox"/> |

ScheduleType	Minutes Per Mig	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture	75	1	15	100
Recitation				
Presentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential				
Research				
Ind. Study				
Pract/Observ				

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

*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 Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____

West Lafayette Registrar _____ Date _____