

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF A COURSE

38-04

DEPARTMENT _____

EFFECTIVE SESSION _____

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 |
| <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 |
| <input type="checkbox"/> | 6. Change in course credit/type | | |

PROPOSED:

Subject Abbreviation EPCS
Course Number 490

EXISTING:

Subject Abbreviation _____
Course Number _____

TERMS OFFERED

Check All That Apply:
Summer Fall Spring

Long Title EPICS Special Topics Course

Short Title EPICS Special Topics

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

CAMPUS(ES) INVOLVED

Calumet <input type="checkbox"/>	Fort Wayne <input type="checkbox"/>
Indianapolis <input type="checkbox"/>	N. Central <input type="checkbox"/>
W.Lafayette <input checked="" type="checkbox"/>	Cont Ed <input type="checkbox"/>
Tech Statewide <input type="checkbox"/>	

CREDIT TYPE

- Fixed Credit: Cr. Hrs.
- Variable Credit Range:
Minimum Cr. Hrs 1
(Check One) To Or 3
Maximum Cr. Hrs
- Equivalent Credit: Yes No
- Thesis Credit: Yes No

COURSE ATTRIBUTES: Check All That Apply.

- Pass/Not Pass Only
- Satisfactory/Unsatisfactory Only
- Repeatable
Maximum repeatable credit: _____
- Credit by Examination
- Designator Required
- Special Fees

7. Registration Approval Type

- | | |
|--|--|
| Department <input type="checkbox"/> | Instructor <input checked="" type="checkbox"/> |
| 8. Variable Title <input type="checkbox"/> | |
| 9. Remedial <input type="checkbox"/> | |
| 10. Honors <input type="checkbox"/> | |
| 11. Full Time Privilege <input type="checkbox"/> | |
| 12. Off Campus Experience <input type="checkbox"/> | |

Instructional Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium(Audio, Internet, Live, Text-Based, Video)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	100%	_____	_____
_____	_____	_____	_____	_____	_____	_____

COURSE DESCRIPTION (INCLUDE REQUISITES):

See attached.

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 _____	Undergrad Curriculum Committee _____ Date _____
North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____	Date Approved by Graduate Council _____
<u>Janis</u> - <u>9/19/05</u> West Lafayette Department Head _____ Date _____	<u>Janis</u> - <u>9/19/05</u> West Lafayette School Dean _____ Date _____	Graduate Council Secretary _____ Date _____
Graduate Area Committee Convener _____ Date _____	Graduate Dean _____ Date _____	West Lafayette Registrar <u>Sandra Chappell</u> <u>9/19/05</u> _____ Date _____