

DEPARTMENT School of Electrical and Computer Engineering DATE SUBMITTED 11/16/2001 DATE EFFECTIVE 1/7/2002

INSTRUCTIONS: Please check the items below which describe the purpose of this request.									
PURPOSE									
1. <input checked="" type="checkbox"/> Deletion of a course 2. <input type="checkbox"/> New course with supporting documents 3. <input type="checkbox"/> Add existing course offered at another campus 4. <input type="checkbox"/> Change in course number at same level 5. <input type="checkbox"/> Downgrading of course level 6. <input type="checkbox"/> Upgrading of course level 7. <input type="checkbox"/> Change in course title				8. <input type="checkbox"/> Change in semesters offered 9. <input type="checkbox"/> Change in course credit/type 10. <input type="checkbox"/> Change in course attributes 11. <input type="checkbox"/> Change in instructional hours 12. <input type="checkbox"/> Change in prerequisites 13. <input type="checkbox"/> Change in description of course content 14. <input type="checkbox"/> Transfer of course from one dept. to another					
EXISTING: Subject Abbreviation <u>EE</u> Course Number <u>373</u> Proposed Title <u>Programming Languages for Artificial Intelligence</u> Variable Title Yes <input type="checkbox"/> No <input type="checkbox"/>		PROPOSED: Subject Abbreviation _____ Course Number _____		SEMESTERS OFFERED Check All That Apply. Summer <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Ag Winter <input type="checkbox"/> Spring <input type="checkbox"/>					
Abbreviated Title _____ Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)									
CROSS LISTED COURSES _____ _____ _____		CREDIT TYPE 1. Fixed Credit: Cr. Hrs. <u>3</u> 2. Variable Credit Range: Minimum Cr. Hrs. _____ Or _____ (Check One) To Maximum Cr. Hrs. _____ 3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/> 4. Thesis Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>		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 Primary Secondary Laboratory Lab. Prep.	Class Hours <u>3</u>	FTE _____	Instructional Type Auto-tutorial Ind. Study Clinic Experiential	Class Hours _____	FTE _____	Instructional Type Thesis Observation Mats Based	Class Hours _____	FTE _____	CAMPUS(ES) INVOLVED Calumet Fort Wayne Indianapolis North Central West Lafayette <input checked="" type="checkbox"/> Off Campus
COURSE DESCRIPTION (PREREQUISITES INCLUDED): _____ _____ _____									
Calumet Undergrad Curriculum Committee _____ Date _____			Calumet Department Head _____ Date _____			Calumet School Dean <u>C.D. Sutton</u> _____ Date _____ Apr. for Faculty #960 C.D. Sutton, Chair 3/1/02			
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 Vice Chancellor _____ Date _____			Date Approved by Graduate Council _____			
West Lafayette Department Head <u>W. K. K...</u> <u>11/16/2001</u> _____ Date _____			West Lafayette School Dean <u>L. J. Higgins</u> <u>1/7/02</u> _____ Date _____			Graduate Council Secretary <u>Debra K. Shueb</u> <u>3/8/02</u> _____ Date _____			
Graduate Area Committee Convener _____ Date _____			Graduate Dean _____ Date _____			West Lafayette Registrar _____ Date _____			

