

REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF A COURSE

4-07

DEPARTMENT ECE

EFFECTIVE SESSION Fall 2006

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

- | | | | |
|--------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> | 1. New course with supporting documents | <input checked="" type="checkbox"/> | 7. Change in course attributes |
| <input type="checkbox"/> | 2. Add existing course | <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 | <input type="checkbox"/> | 12. Transfer from one department to another |

PROPOSED: Subject Abbreviation _____ Existing: Subject Abbreviation ECE
 Course Number _____ Course Number 570
 Long Title Artificial Intelligence
 Short Title _____
 Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

TERMS OFFERED
Check All That Apply:
 Summer Spring Fall
 CAMPUS(ES) INVOLVED
 Calumet Ft. Wayne
 Indianapolis N. Central
 W.Lafayette Cont Ed
 Tech Statewide

CREDIT TYPE		COURSE ATTRIBUTES: Check all That Apply		7. Registration Approval Type	
1. Fixed Credit: Cr. Hrs. <input type="text"/>		1. Pass/Not Pass Only <input type="checkbox"/>		Department <input checked="" type="checkbox"/>	Instructor <input type="checkbox"/>
2. Variable Credit Range: Minimum Cr. Hrs <input type="text"/>		2. Satisfactory/Unsatisfactory Only <input type="checkbox"/>		8. Variable Title <input type="checkbox"/>	
(Check One) To <input type="checkbox"/> Or <input type="checkbox"/>		3. Repeatable <input type="checkbox"/>		9. Remedial <input type="checkbox"/>	
Maximum Cr. Hrs <input type="text"/>		Maximum repeatable credit:		10. Honors <input type="checkbox"/>	
3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>		4. Credit by Examination <input type="checkbox"/>		11. Full Time Privilege <input type="checkbox"/>	
4. Thesis Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>		5. Designator Required <input type="checkbox"/>		12. Off Campus Experience <input type="checkbox"/>	
		6. Special Fees <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)
Lecture						
Recitation						
Presentation						
Laboratory						
Lab Prep						
Studio						
Distance						
Clinic						
Experiential						
Research						
Ind. Study						
Pract/Observ						

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES):

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>W.L.</u>	<u>5/12/06</u>	<u>Michael G. ...</u>	<u>5/30/06</u>	<u>Marilyn D. ...</u>	<u>8/9/06</u>
West Lafayette Department Head	Date	West Lafayette College/School Dean	Date	Graduate Council Secretary	Date
				<u>Sandra Schaller</u>	
Graduate Council Area Committee Chair	Date	Graduate Dean	Date	West Lafayette Registrar	Date
				<u>R. H. ...</u>	

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