

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

*EPD 4-10*

**Print Form**

DEPARTMENT Biomedical Engineering

EFFECTIVE SESSION Summer 2010 *SP 2011*

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

**PROPOSED:**

**EXISTING:**

**TERMS OFFERED**  
Check All That Apply:

Subject Abbreviation BME

Subject Abbreviation \_\_\_\_\_

Summer  Fall  Spring

Course Number 39699

Course Number \_\_\_\_\_

**CAMPUS(ES) INVOLVED**

Long Title Professional Practice Internship

Short Title Prof. Pract. Internship

Calumet  N. Central  
 Cont Ed  Tech Statewide  
 Ft. Wayne  W. Lafayette  
 Indianapolis

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

**CREDIT TYPE**

**COURSE ATTRIBUTES: Check All That Apply**

1. Fixed Credit: Cr. Hrs. 0
2. Variable Credit Range:  
Minimum Cr. Hrs \_\_\_\_\_  
Maximum Cr. Hrs \_\_\_\_\_  
(Check One) To  Or
3. Equivalent Credit: Yes  No

1. Pass/Not Pass Only
2. Satisfactory/Unsatisfactory Only
3. Repeatable   
Maximum Repeatable Credit: \_\_\_\_\_
4. Credit by Examination
5. Special Fees

6. Registration Approval Type  
Department  Instructor
7. Variable Title
8. Honors
9. Full Time Privilege
10. Off Campus Experience

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture	_____	_____	_____	_____
Recitation	_____	_____	_____	_____
Presentation	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
Lab Prep	_____	_____	_____	_____
Studio	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Clinic	_____	_____	_____	_____
Experiential	480	5	16	100
Research	_____	_____	_____	_____
Ind. Study	_____	_____	_____	_____
Pract/Observ	_____	_____	_____	_____

**Cross-Listed Courses**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Restriction: Departmental approval required. May be repeated.  
To maintain consistent course numbers and titles for Professional Practice courses throughout all disciplines participating in the Professional Practice Programs.

**\*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 Department Head _____ Date _____	North Central Chancellor _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____

West Lafayette Registrar \_\_\_\_\_ Date \_\_\_\_\_

*10/29/10*



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**EXISTING:**

**TERMS OFFERED**  
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Subject Abbreviation BME      Subject Abbreviation \_\_\_\_\_  
 Course Number 39699      Course Number \_\_\_\_\_  
 Long Title Professional Practice Internship  
 Short Title Prof. Pract. Intern.

Summer     Fall     Spring

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 Cont Ed                     Tech Statewide  
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 (Check One) To  Or   
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**COURSE ATTRIBUTES: Check All That Apply**

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 Department  Instructor   
 2. Satisfactory/Unsatisfactory Only   
 3. Repeatable       7. Variable Title   
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North Central Department Head _____ Date _____	North Central Chancellor _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette Registrar _____ Date _____



October 8, 2009

**TO:** The Engineering Faculty

**FROM:** The Faculty of the School of Biomedical Engineering

**DATE:** November 13, 2008

**RE:** New Course BME 39699

The Faculty of the School of Biomedical Engineering has approved the following new course. This action is now submitted to the Engineering Faculty with a recommendation for approval.

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**BME 39699 Professional Practice Internship**

Sem. 1, 2 or SS, cr. 0.

Restriction: Departmental approval required. May be repeated.

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**REASON:** To maintain consistent course numbers and titles for Professional Practice courses throughout all disciplines participating in the Professional Practice Programs.



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George R. Wodicka, Head  
School of Biomedical Engineering

APPROVED FOR THE FACULTY  
OF THE SCHOOLS OF ENGINEERING  
BY THE ENGINEERING  
CURRICULUM COMMITTEE

ECC Minutes #6

Date 11/2/09

Chairman ECC Ray Cipra

