

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

ENGR 29199
201430

DEPARTMENT Engineering

EFFECTIVE SESSION Spring 2014

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:

Subject Abbreviation ENGR

Course Number 29199

Long Title Professional Practice Extensive I

Short Title Prof Prac Ext I

EXISTING:

Subject Abbreviation _____

Course Number _____

TERMS OFFERED

Check All That Apply:

- Fail 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. 0
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 checked="" type="checkbox"/> |
| 2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/> | 7. Variable Title <input type="checkbox"/> |
| 3. Repeatable <input type="checkbox"/> | 8. Honors <input type="checkbox"/> |
| Maximum Repeatable Credit: _____ | 9. Full Time Privilege <input checked="" type="checkbox"/> |
| 4. Credit by Examination <input type="checkbox"/> | 10. Off Campus Experience <input checked="" type="checkbox"/> |
| 5. Fees: <input checked="" type="checkbox"/> Coop <input type="checkbox"/> Lab <input type="checkbox"/> Rate Request | |
| Include comment to explain fee _____ | |

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

RECEIVED
FEB 04 2014
OFFICE OF THE REGISTRAR

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Sem 1,2 or SS, Cr. O. Restrictions: Professional Practice students only. Prerequisite: Sophomore standing or consent of instructor. Professional experience in Engineering. Program coordinated by Office of Professional Practice with cooperation of participating employers. Students submit a summary report and company evaluation.

*COURSE LEARNING OUTCOMES:

The director of the Office of Professional Practice serves as the facilitating body to (1) moderate the progress of students after each academic work session and (2) assess course outcomes via: student evaluation of work sessions, supervisor evaluation of student, work session technical report.

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 _____

4AM 2/20/14

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

Print Form
EFD 4-14

ENGR 29299
201430

DEPARTMENT Engineering

EFFECTIVE SESSION Spring 2014

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:

Subject Abbreviation ENGR

Course Number 29299

Long Title Professional Practice Extensive II

Short Title Prof Prac Ext II

EXISTING:

Subject Abbreviation _____

Course Number _____

TERMS OFFERED

Check All That Apply:

- Fall Spring Summer

CAMPUS(ES) INVOLVED

- 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

1. Fixed Credit: Cr. Hrs. 0
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
2. Satisfactory/Unsatisfactory Only
3. Repeatable
- Maximum Repeatable Credit:
4. Credit by Examination
5. Fees: Coop Lab Rate Request
6. Registration Approval Type Department Instructor
7. Variable Title
8. Honors
9. Full Time Privilege
10. Off Campus Experience
- Include comment to explain fee _____

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

RECEIVED
FEB 04 2014
OFFICE OF THE REGISTRAR

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Sem 1,2 or SS, Cr. O. Restrictions: Professional Practice students only. Prerequisite: ENGR 29199. Professional experience in Engineering. Program coordinated by Office of Professional Practice with cooperation of participating employers. Students submit a summary report and company evaluation.

*COURSE LEARNING OUTCOMES:

The director of the Office of Professional Practice serves as the facilitating body to (1) moderate the progress of students after each academic work session and (2) assess course outcomes via: student evaluation of work sessions, supervisor evaluation of student, work session technical report.

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 _____

[Signature] _____ Date _____
West Lafayette Registrar

LAM 2/19/14

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

Print Form
EFD 4-14

ENGR 39399
201430

DEPARTMENT Engineering

EFFECTIVE SESSION Spring 2014

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:

Subject Abbreviation ENGR

Course Number 39399

Long Title Professional Practice Extensive III

Short Title Prof Prac Ext III

EXISTING:

Subject Abbreviation _____

Course Number _____

TERMS OFFERED

Check All That Apply:

Fall Spring Summer

CAMPUS(ES) INVOLVED

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

1. Fixed Credit: Cr. Hrs. 0
 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
 2. Satisfactory/Unsatisfactory Only
 3. Repeatable
 Maximum Repeatable Credit:
 4. Credit by Examination
 5. Fees: Coop Lab Rate Request
 Include comment to explain fee _____
 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				100
Research				
Ind. Study				
Pract/Observ				

Cross-Listed Courses

RECEIVED
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 OFFICE OF THE REGISTRAR

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Sem 1,2 or SS, Cr. O. Restrictions: Professional Practice students only. Prerequisite: ENGR 29299. Professional experience in Engineering. Program coordinated by Office of Professional Practice with cooperation of participating employers. Students submit a summary report and company evaluation.

*COURSE LEARNING OUTCOMES:

The director of the Office of Professional Practice serves as the facilitating body to (1) moderate the progress of students after each academic work session and (2) assess course outcomes via: student evaluation of work sessions, supervisor evaluation of student, work session technical report.

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 <u>Gullu Jell</u> Date <u>10/16/13</u>	Vice Chancellor for Academic Affairs <u>[Signature]</u> Date <u>1/29/14</u>	West Lafayette Registrar <u>[Signature]</u> Date <u>2/20/14</u>
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____	West Lafayette Registrar _____ Date _____

LAM 2/19/14

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

Print Form
EFD 4-14

ENGR 39499
201430

DEPARTMENT Engineering

EFFECTIVE SESSION Spring 2014

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:

Subject Abbreviation ENGR

Course Number 39499

Long Title Professional Practice Extensive IV

Short Title Prof Prac Ext IV

EXISTING:

Subject Abbreviation _____

Course Number _____

TERMS OFFERED

Check All That Apply:

Fall Spring Summer

CAMPUS(ES) INVOLVED

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

1. Fixed Credit: Cr. Hrs. 0
 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
 2. Satisfactory/Unsatisfactory Only
 3. Repeatable
 Maximum Repeatable Credit:
 4. Credit by Examination
 5. Fees: Coop Lab Rate Request
 Include comment to explain fee _____
 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				100
Research				
Ind. Study				
Pract/Observ				

Cross-Listed Courses

RECEIVED
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 OFFICE OF THE REGISTRAR

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Sem 1,2 or SS, Cr. O. Restrictions: Professional Practice students only. Prerequisite: ENGR 29299. Professional experience in Engineering. Program coordinated by Office of Professional Practice with cooperation of participating employers. Students submit a summary report and company evaluation.

*COURSE LEARNING OUTCOMES:

The director of the Office of Professional Practice serves as the facilitating body to (1) moderate the progress of students after each academic work session and (2) assess course outcomes via: student evaluation of work sessions, supervisor evaluation of student, work session technical report.

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 _____

Sandra Schaffner 2/20/14
 West Lafayette Registrar _____ Date _____

Cam 2/19/14

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

Print Form
EFD 4-14
ENGR 39599
201430

DEPARTMENT Engineering

EFFECTIVE SESSION Spring 2014

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:

Subject Abbreviation ENGR
Course Number 39599
Long Title Professional Practice Extensive V
Short Title Prof Prac Ext V

EXISTING:

Subject Abbreviation _____
Course Number _____

TERMS OFFERED

Check All That Apply:

- Fall Spring Summer

CAMPUS(ES) INVOLVED

- 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

1. Fixed Credit: Cr. Hrs. 0
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
2. Satisfactory/Unsatisfactory Only
3. Repeatable
Maximum Repeatable Credit:
4. Credit by Examination
5. Fees: Coop Lab Rate Request
Include comment to explain fee _____
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	_____	_____	_____	100
Research	_____	_____	_____	_____
Ind. Study	_____	_____	_____	_____
Pract/Observ	_____	_____	_____	_____

Cross-Listed Courses

RECEIVED
FEB 04 2014
OFFICE OF THE REGISTRAR

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Sem 1,2 or SS, Cr. O. Restrictions: Professional Practice students only. Prerequisite: ENGR 39399. Professional experience in Engineering. Program coordinated by Office of Professional Practice with cooperation of participating employers. Students submit a summary report and company evaluation.

*COURSE LEARNING OUTCOMES:

The director of the Office of Professional Practice serves as the facilitating body to (1) moderate the progress of students after each academic work session and (2) assess course outcomes via: student evaluation of work sessions, supervisor evaluation of student, work session technical report.

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 _____

Sandra Schaffer 2/29/14
West Lafayette Registrar _____ Date _____

LAM 2/19/14

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

Print Form
EFD 4-14

ENGR 38199
201430

DEPARTMENT Engineering

EFFECTIVE SESSION Spring 2014

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 ENGR

Subject Abbreviation _____

Fall Spring Summer

Course Number 38199

Course Number _____

CAMPUS(ES) INVOLVED

Long Title Professional Practice Co-Op I

Short Title Prof Prac Co-Op I

- | | |
|---------------------------------------|--|
| <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. 0
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 checked="" type="checkbox"/> |
| 2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/> | 7. Variable Title <input type="checkbox"/> |
| 3. Repeatable <input type="checkbox"/> | 8. Honors <input type="checkbox"/> |
| Maximum Repeatable Credit: <input type="checkbox"/> | 9. Full Time Privilege <input checked="" type="checkbox"/> |
| 4. Credit by Examination <input type="checkbox"/> | 10. Off Campus Experience <input checked="" type="checkbox"/> |
| 5. Fees: <input checked="" type="checkbox"/> Coop <input type="checkbox"/> Lab <input type="checkbox"/> Rate Request | |
| Include comment to explain fee | |

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

RECEIVED
FEB 04 2014
OFFICE OF THE REGISTRAR

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Sem. 1, 2 or SS, cr. 0 Restrictions: Professional Practice students only Prerequisite: Junior standing or consent of instructor. Professional experience in Engineering. Program coordinated by Office of Professional Practice with cooperation of participating employers. Students submit a summary report and company evaluation.

*COURSE LEARNING OUTCOMES:

The director of the Office of Professional Practice serves as the facilitating body to (1) moderate the progress of students after each academic work session and (2) assess course outcomes via: student evaluation of work sessions, supervisor evaluation of student, work session technical report.

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 <u>William J. Cell</u> Date <u>10/16/13</u>	Vice Chancellor for Academic Affairs <u>Michael G. Gorman</u> Date <u>1/29/14</u>	West Lafayette Registrar <u>Sandra Schaff</u> Date <u>2/20/14</u>
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____	West Lafayette Registrar _____ Date _____

LAM 2/19/14

ENGR 38299
201430

DEPARTMENT Engineering

EFFECTIVE SESSION Spring 2014

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:

Subject Abbreviation ENGR

Course Number 38299

Long Title Professional Practice Co-Op II

Short Title Prof Prac Co-Op II

EXISTING:

Subject Abbreviation _____

Course Number _____

TERMS OFFERED

Check All That Apply:

Fall Spring Summer

CAMPUS(ES) INVOLVED

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

1. Fixed Credit: Cr. Hrs. 0
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
2. Satisfactory/Unsatisfactory Only
3. Repeatable
4. Credit by Examination
5. Fees: Coop Lab Rate Request
6. Registration Approval Type Department Instructor
7. Variable Title
8. Honors
9. Full Time Privilege
10. Off Campus Experience

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

Cross-Listed Courses

RECEIVED
FEB 04 2014
OFFICE OF THE REGISTRAR

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Sem. 1, 2 or SS, cr. 0 Restrictions: Professional Practice students only Prerequisite: Junior standing or consent of instructor. Professional experience in Engineering. Program coordinated by Office of Professional Practice with cooperation of participating employers. Students submit a summary report and company evaluation.

*COURSE LEARNING OUTCOMES:

The director of the Office of Professional Practice serves as the facilitating body to (1) moderate the progress of students after each academic work session an (2) assess course outcomes via: student evaluation of work sessions, supervisor evaluation of student, work session technical report.

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 _____

Sundesh Chaffin 2/20/14
West Lafayette Registrar _____ Date _____

lam 2/19/14

ENGR 38399
201437

DEPARTMENT Engineering

EFFECTIVE SESSION Spring 2014

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:

Subject Abbreviation ENGR

Course Number 38399

Long Title Professional Practice Co-Op III

Short Title Prof Prac Co-Op III

EXISTING:

Subject Abbreviation _____

Course Number _____

TERMS OFFERED

Check All That Apply:

Fall Spring Summer

CAMPUS(ES) INVOLVED

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

1. Fixed Credit: Cr. Hrs. 0
 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
 2. Satisfactory/Unsatisfactory Only
 3. Repeatable
 Maximum Repeatable Credit:
 4. Credit by Examination
 5. Fees: Coop Lab Rate Request
 Include comment to explain fee _____
 6. Registration Approval Type Department Instructor
 7. Variable Title
 8. Honors
 9. Full Time Privilege
 10. Off Campus Experience

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

Cross-Listed Courses

RECEIVED
FEB 04 2014
OFFICE OF THE REGISTRAR

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Sem. 1, 2 or SS, cr. 0 Restrictions: Professional Practice students only Prerequisite: ENGR 38299. Professional experience in Engineering. Program coordinated by Office of Professional Practice with cooperation of participating employers. Students submit a summary report and company evaluation.

*COURSE LEARNING OUTCOMES:

The director of the Office of Professional Practice serves as the facilitating body to (1) moderate the progress of students after each academic work session and (2) assess course outcomes via: student evaluation of work sessions, supervisor evaluation of student, work session technical report.

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 _____

[Signature] 2/20/14
West Lafayette Registrar _____ Date _____

LSM 2/19/14

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

Print Form
EFD 4-14

ENGR 39699
201430

DEPARTMENT Engineering EFFECTIVE SESSION Spring 2014

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:

Subject Abbreviation ENGR

Course Number 39699

Long Title Professional Practice Internship

Short Title Prof Prac Internship

EXISTING:

Subject Abbreviation _____

Course Number _____

TERMS OFFERED

Check All That Apply:

Fall Spring Summer

CAMPUS(ES) INVOLVED

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

1. Fixed Credit: Cr. Hrs. 0
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
2. Satisfactory/Unsatisfactory Only
3. Repeatable
Maximum Repeatable Times Credit: 4
4. Credit by Examination
5. Fees: Coop Lab Rate Request
Include comment to explain fee
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				100
Research				
Ind. Study				
Pract/Observ				

RECEIVED
FEB 04 2014
OFFICE OF THE REGISTRAR

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS): and GEARE Students

Sem 1, 2 or SS, cr. 0. Restrictions: Professional Practice students only. Internship experience in Engineering. Program coordinated by Office of Professional Practice with cooperation of participating employers. Students submit a summary report and company evaluation.

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

Sandra Schaefer 2/20/14
West Lafayette Registrar Date

lsm 2/19/14

TO: Engineering Faculty

FROM: Office of Professional Practice

DATE: October 15, 2013

RE: New Professional Practice Courses ENGR 29199, ENGR 29299, ENGR 39399, ENGR 39499, ENGR 39599, ENGR 38199, ENGR 38299, ENGR 38399, ENGR 39699

The Office of Professional Practice has approved the following new courses. This action is now submitted to the Engineering Faculty with a recommendation for approval.

ENGR 29199: Professional Practice Extensive I
Sem. 1 and 2, SS, Cr. 0
Restrictions: Professional Practice students only
Prerequisite: Sophomore standing or consent of instructor

Professional practice with qualified employers within industry, government, or small business and a comprehensive written report of this practice. Permission of instructor is required.

ENGR 29299: Professional Practice Extensive II
Sem. 1 and 2, SS, Cr. 0
Restrictions: Professional Practice students only
Prerequisite: PPE 29199

Professional practice with qualified employers within industry, government, or small business and a comprehensive written report of this practice. Permission of instructor is required.

ENGR 39399: Professional Practice Extensive III
Sem. 1 and 2, SS, Cr. 0
Restrictions: Professional Practice students only
Prerequisite: PPE 29299

Professional practice with qualified employers within industry, government, or small business and a comprehensive written report of this practice. Permission of instructor is required.

ENGR 39499: Professional Practice Extensive IV
Sem. 1 and 2, SS, Cr. 0
Restrictions: Professional Practice students only
Prerequisite: PPE 39399

Professional practice with qualified employers within industry, government, or small business and a comprehensive written report of this practice. Permission of instructor is required.

ENGR 39599: Professional Practice Extensive V
Sem. 1 and 2, SS, Cr. 0
Restrictions: Professional Practice students only
Prerequisite: PPE 39499

Professional practice with qualified employers within industry, government, or small business and a comprehensive written report of this practice. Permission of instructor is required.

ENGR 38199: Professional Practice Co-Op I
Sem. 1 and 2, SS, Cr. 0
Restrictions: Professional Practice students only
Prerequisite: Junior standing or consent of instructor

Professional practice with qualified employers within industry, government, or small business and a comprehensive written report of this practice. Permission of instructor is required.

ENGR 38299: Professional Practice Co-Op II
Sem. 1 and 2, SS, Cr. 0
Restrictions: Professional Practice students only
Prerequisite: PPE 38199

Professional practice with qualified employers within industry, government, or small business and a comprehensive written report of this practice. Permission of instructor is required.

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

ECC Minutes 1/28/14

Date 1/28/14

Chairman ECC JTB LJM


ENGR 38399: Professional Practice Co-Op III
Sem. 1 and 2, SS, Cr. 0
Restrictions: Professional Practice students only
Prerequisite: PPE 38299

Professional practice with qualified employers within industry, government, or small business and a comprehensive written report of this practice. Permission of instructor is required.

ENGR 39699: Professional Practice Internship
Sem. 1 and 2, SS, Cr. 0
Restrictions: Professional Practice and GEARE students only, May be repeated

To obtain professional practice with qualified employers within industry, government, or small business.

RATIONALE: To maintain consistent course numbers and titles for Professional Practice courses throughout all disciplines participating in the Professional Practice Programs. Current Professional practice courses reside in each individual discipline. These courses will be used for internship students that are not yet accepted into a professional school and for Co-Op students that are in the CODO process while they are on a work rotation.



Eckhard A. Groll, Dr. Eng.
Director of Office of Professional Practice
Reilly Professor of Mechanical Engineering