

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

EPD 41-02

DEPARTMENT Cooperative Education

EFFECTIVE SESSION Spring 2006

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 PPE
Course Number 201

EXISTING:

Subject Abbreviation
Course Number

TERMS OFFERED
Check All That Apply:
Summer Fall Spring

Long Title Professional Practice for Cooperative Education I

Short Title Prof. Pract. Co-Op I

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

CAMPUS(ES) INVOLVED

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

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
4. Thesis 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. Designator Required
6. Special Fees

7. Registration Approval Type

- Department _____ Instructor
8. Variable Title
9. Remedial
10. Honors
11. Full Time Privilege
12. Off Campus Experience

Instructional Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium (Audio, Internet, Live, TextBased, Video)
Lecture						
Recitation						
Presentation						
Laboratory						
Lab Prep						
Studio						
Distance						
Clinic						
Experiential	480	5	16	100	Asyn.	Live
Research						
Ind. Study						
Pract/Observ						

COURSE DESCRIPTION (INCLUDE REQUISITES):

For Cooperative Education Students Only. Must have Sophomore standing. Professional Practice with qualified employers within industry, government, or small business.

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	<i>Robert E. Montgomery</i> 9/27/05	Date
North Central Department Head	Date	North Central Chancellor	Date	Undergrad Curriculum Committee	Date
<i>Robert M. Stwalling III</i> 28 Sep 05	Date	<i>Leah H. Jani</i> 9/27/05	Date	Date Approved by Graduate Council	
West Lafayette Department Head	Date	West Lafayette School Dean	Date	Graduate Council Secretary	Date
Graduate Area Committee Convener	Date	Graduate Dean	Date	<i>Sandra Chapter</i>	Date
				West Lafayette Registrar	9/29/05

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|-----------------------------------------------------------------------------|-----------------------------------------------------------|
| <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 PPE
Course Number 202

EXISTING:

Subject Abbreviation _____
Course Number _____

TERMS OFFERED
Check All That Apply:
Summer Fall Spring

Long Title Professional Practice for Cooperative Education II

Short Title Prof. Pract. Co-Op II

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

CAMPUS(ES) INVOLVED
Calumet Fort Wayne
Indianapolis N. Central
W.Lafayette Cont Ed
Tech Statewide

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
4. Thesis 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. Designator Required
6. Special Fees

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

Instructional Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium(Audio, Internet, Live, TextBased, Video)
Lecture						
Recitation						
Presentation						
Laboratory						
Lab Prep						
Studio						
Distance						
Clinic						
Experiential	480	5	16	100	Asyn.	Live
Research						
Ind. Study						
Pract/Observ						

COURSE DESCRIPTION (INCLUDE REQUISITES):

For Cooperative Education Students Only. Must be preceded by ^{PPE} PAT 201. Professional Practice with qualified employers within industry, government, or small business.

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	
West Lafayette Department Head	Date	West Lafayette School Dean	Date	Graduate Council Secretary	Date
Graduate Area Committee Convener	Date	Graduate Dean	Date	West Lafayette Registrar	Date

PURDUE UNIVERSITY
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DEPARTMENT Cooperative Education

EFFECTIVE SESSION Spring 2006

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 PPE
Course Number 303

EXISTING:

Subject Abbreviation
Course Number

TERMS OFFERED
Check All That Apply:
Summer Fall Spring

Long Title Professional Practice for Cooperative Education III

Short Title Prof. Pract. Co-Op III

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

CAMPUS(ES) INVOLVED
Calumet Fort Wayne
Indianapolis N. Central
W.Lafayette Cont Ed
Tech Statewide

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
4. Thesis 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. Designator Required
6. Special Fees

7. Registration Approval Type

- Department _____ Instructor
8. Variable Title
9. Remedial
10. Honors
11. Full Time Privilege
12. Off Campus Experience

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	480	5	16	100	Asyn.	Live
Research						
Ind. Study						
Pract/Observ						

COURSE DESCRIPTION (INCLUDE REQUISITES):

For Cooperative Education Students Only. Must be preceded by PPE 202. Professional Practice with qualified employers within industry, government, or small business.

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	
West Lafayette Department Head	Date	West Lafayette School Dean	Date	Graduate Council Secretary	Date
Graduate Area Committee Convener	Date	Graduate Dean	Date	West Lafayette Registrar	Date

Robert Montgomery 9/27/05
Sandra Schaffer 9/29/05

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|-----------------------------------------------------------------------------|-----------------------------------------------------------|
| <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 <u>PPE</u> Course Number <u>304</u>	EXISTING: Subject Abbreviation _____ Course Number _____	TERMS OFFERED Check All That Apply: Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring <input checked="" type="checkbox"/>
Long Title <u>Professional Practice for Cooperative Education IV</u> Short Title <u>Prof. Pract. Co-Op IV</u> <small>Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)</small>		CAMPUS(ES) INVOLVED Calumet <input type="checkbox"/> Fort Wayne <input type="checkbox"/> Indianapolis <input type="checkbox"/> N. Central <input type="checkbox"/> W.Lafayette <input type="checkbox"/> Cont Ed <input type="checkbox"/> Tech Statewide <input type="checkbox"/>

CREDIT TYPE 1. Fixed Credit: Cr. Hrs. <u>0</u> 2. Variable Credit Range: Minimum Cr. Hrs. _____ (Check One) To _____ Or _____ Maximum Cr. Hrs. _____ 3. Equivalent Credit: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 4. Thesis Credit: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	COURSE ATTRIBUTES: Check All That Apply. 1. Pass/Not Pass Only <input type="checkbox"/> 2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/> 3. Repeatable <input type="checkbox"/> Maximum repeatable credit: _____ 4. Credit by Examination <input type="checkbox"/> 5. Designator Required <input type="checkbox"/> 6. Special Fees <input checked="" type="checkbox"/>	7. Registration Approval Type Department <input type="checkbox"/> Instructor <input checked="" type="checkbox"/> 8. Variable Title <input checked="" type="checkbox"/> 9. Remedial <input type="checkbox"/> 10. Honors <input type="checkbox"/> 11. Full Time Privilege <input checked="" type="checkbox"/> 12. Off Campus Experience <input checked="" type="checkbox"/>
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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	480	5	16	100	Asyn	Live
Research						
Ind. Study						
Pract/Observ						

COURSE DESCRIPTION (INCLUDE REQUISITES):
For Cooperative Education Students Only. Must be preceded by PPE 303. Professional Practice with qualified employers within industry, government, or small business.

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	
West Lafayette Department Head	Date	West Lafayette School Dean	Date	Graduate Council Secretary	Date
Graduate Area Committee Convener	Date	Graduate Dean	Date	West Lafayette Registrar	Date

Handwritten signatures and dates:
 Robert M. Shalley III 28 Sep 05
 Leah A Jani - 9/27/05
 Robert Montgomery 9/27/05
 Sandra Chappell
 9/29/05

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|-------------------------------------|--------------------------------------------------|--------------------------|----------------------------------|
| <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 PPE
Course Number 305

EXISTING:

Subject Abbreviation
Course Number

TERMS OFFERED

Check All That Apply:
Summer Fall Spring

Long Title Professional Practice for Cooperative Education V

Short Title Prof. Pract. Co-Op V

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

CAMPUS(ES) INVOLVED

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

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
4. Thesis 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. Designator Required
6. Special Fees

7. Registration Approval Type

- Department Instructor
8. Variable Title
9. Remedial
10. Honors
11. Full Time Privilege
12. Off Campus Experience

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)
Experimental Research	480	5	16	100	Asyn.	Live

COURSE DESCRIPTION (INCLUDE REQUISITES):

For Cooperative Education Students Only. Must be preceded by PPE 304. Professional Practice with qualified employers within industry, government, or small business.

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	
West Lafayette Department Head	Date	West Lafayette School Dean	Date	Graduate Council Secretary	Date
Graduate Area Committee Convener	Date	Graduate Dean	Date	West Lafayette Registrar	Date