

REQUEST FOR ADDITION, EXPIRATION,  
OR REVISION OF A COURSE

EFD 44-04

Graduate Council Document No. 06-15a  
EFFECTIVE SESSION ~~Fall 2006~~ Spring 2007

DEPARTMENT ECE

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                             | <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 ECE  
Course Number 528  
Long Title Measurement and Stimulation of the Nervous System

EXISTING:

Subject Abbreviation \_\_\_\_\_  
Course Number \_\_\_\_\_

TERMS OFFERED

Check All That Apply:

Summer  Spring  Fall

CAMPUS(ES) INVOLVED

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

Short Title Meas + Stimul Nerv Sys  
Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

CREDIT TYPE

1. Fixed Credit: Cr. Hrs. 3  
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	50	3	16	100		
Formation						
Continuation						
Laboratory						
Lab Prep						
Studio						
Distance						
Clinic						
Experiential						
Research						
Ind. Study						
Pract/Observ						

Cross-Listed Courses

BME 528

COURSE DESCRIPTION (INCLUDE REQUISITES):

Prerequisites: ECE 301 and ECE 302, or <sup>consent</sup> permission of the instructor.  
Engineering principles addressing questions of clinical significance in the nervous system: neuroanatomy, fundamental properties of excitable tissues, hearing, vision, motor function, electrical and magnetic stimulation, functional neuroimaging, disorders of the nervous system, development and refinement of sensory prostheses. ~~Also offered as BME 528.~~

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 <i>Robert Thompson</i> 3/21/06
Indianapolis Department Head _____ Date	Indianapolis School Dean _____ Date	Undergrad Curriculum Committee _____ Date
North Central Department Head _____ Date	North Central Chancellor _____ Date	APPROVED 4/27/06 Date Approved by Graduate Council
West Lafayette Department Head _____ Date <i>Wah</i>	West Lafayette College/School Dean _____ Date <i>Wah + Jami</i> 3/21/06	Graduate Council Secretary _____ Date <i>Marion D. West</i> 7/12/06
Graduate Council Area Committee Chair _____ Date <i>Harshwardhan</i> 4/27/06	Graduate Dean _____ Date	West Lafayette Registrar _____ Date <i>Sandra Chaffer</i> 7/11/06

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ENGINEERING  
ADMINISTRATION