

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

EFD 44-09

Print Form

DEPARTMENT School of Industrial Engineering

EFFECTIVE SESSION Fall 2009

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 IE _____

Subject Abbreviation _____

Summer Fall Spring

Course Number 29199

Course Number _____

CAMPUS(ES) INVOLVED

Long Title Professional Practice 6 Session Co-Op I

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

Short Title Prof Practice Extensive I

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. 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 Research | <input checked="" type="checkbox"/> | | | |
| Ind. Study | | | | |
| Pract/Observ | | | | |

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Restrictions: Professional Practice students only.
Professional practice with qualified employers in industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

***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 _____ |

Sandra Schaff 11/2/10
West Lafayette Registrar _____ Date _____

11/11/10 R

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

EAD 44-09

Print Form

DEPARTMENT School of Industrial Engineering

EFFECTIVE SESSION Fall 2009 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 IE _____ Subject Abbreviation _____
 Course Number 29299 Course Number _____
 Long Title Professional Practice 5-Session Co-Op II
 Short Title Prof Practice Extensive II

Summer Fall Spring

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

COURSE ATTRIBUTES: Check All That Apply

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

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 | <input checked="" type="checkbox"/> | | | |
| Research | | | | |
| Ind. Study | | | | |
| Pract/Observ | | | | |

Cross-Listed Courses

| |
|--|
| |
| |
| |
| |
| |
| |

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Restrictions: Professional Practice students only.
 Prerequisite: IE 29199.
 Professional practice with qualified employers in industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

***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 <i>Jandra Chaffin</i> 11/2/10 |

11110

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

EFD 44-69

Print Form

DEPARTMENT School of Industrial Engineering

EFFECTIVE SESSION Fall 2009 *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: Subject Abbreviation <u>IE</u> Course Number <u>39399</u> Long Title <u>Professional Practice 5-Session Co-Op III</u> Short Title <u>Prof Practice Extensive III</u> | EXISTING: Subject Abbreviation _____ Course Number _____ | TERMS OFFERED Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring |
| Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY) | | 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 |

| | |
|--|---|
| CREDIT TYPE 1. Fixed Credit: Cr. Hrs. <u>0</u> 2. Variable Credit Range: Minimum Cr. Hrs. _____ (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> Maximum Cr. Hrs. _____ 3. Equivalent Credit: Yes <input type="checkbox"/> No <input 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. Special Fees <input checked="" type="checkbox"/> 6. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/> 7. Variable Title <input type="checkbox"/> 8. Honors <input type="checkbox"/> 9. Full Time Privilege <input checked="" type="checkbox"/> 10. Off Campus Experience <input checked="" type="checkbox"/> |
|--|---|

| ScheduleType | Minutes Per Mtg | Meetings Per Week | Weeks Offered | % of Credit Allocated | Cross-Listed Courses |
|--------------|-------------------------------------|-------------------|---------------|-----------------------|----------------------|
| Lecture | _____ | _____ | _____ | _____ | |
| Recitation | _____ | _____ | _____ | _____ | |
| Presentation | _____ | _____ | _____ | _____ | |
| Laboratory | _____ | _____ | _____ | _____ | |
| Lab Prep | _____ | _____ | _____ | _____ | |
| Studio | _____ | _____ | _____ | _____ | |
| Distance | _____ | _____ | _____ | _____ | |
| Clinic | _____ | _____ | _____ | _____ | |
| Experiential | <input checked="" type="checkbox"/> | _____ | _____ | _____ | |
| Research | _____ | _____ | _____ | _____ | |
| Ind. Study | _____ | _____ | _____ | _____ | |
| Pract/Observ | _____ | _____ | _____ | _____ | |

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):
Restrictions: Professional Practice students only.
Prerequisite: IE 29299.
Professional practice with qualified employers in industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

***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 _____ |
| <input checked="" type="checkbox"/> West Lafayette Department Head _____ Date _____ | West Lafayette College/School Dean _____ Date _____ |
| | West Lafayette Registrar <i>[Signature]</i> _____ Date <u>11/11/10</u> |

11/11/10

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

EFD
4409

Print Form

DEPARTMENT School of Industrial Engineering

EFFECTIVE SESSION Fall 2009

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: Subject Abbreviation IE Course Number 39499 Long Title Professional Practice 5-Session <i>Extensive</i> Co-Op IV Short Title <i>Prof Practice Extensive IV</i> | EXISTING: Subject Abbreviation _____ Course Number _____ | TERMS OFFERED Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring |
| Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY) | | 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 |

| | |
|--|---|
| CREDIT TYPE 1. Fixed Credit: Cr. Hrs. <input type="text" value="0"/> 2. Variable Credit Range: Minimum Cr. Hrs. <input type="text"/> (Check One) To <input type="text"/> Or <input type="text"/> Maximum Cr. Hrs. <input type="text"/> 3. Equivalent Credit: Yes <input type="checkbox"/> No <input 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: <input type="text"/> 4. Credit by Examination <input type="checkbox"/> 5. Special Fees <input checked="" type="checkbox"/> 6. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/> 7. Variable Title <input type="checkbox"/> 8. Honors <input type="checkbox"/> 9. Full Time Privilege <input checked="" type="checkbox"/> 10. Off Campus Experience <input checked="" type="checkbox"/> |
|--|---|

| Schedule Type | Minutes Per Mtg | Meetings Per Week | Weeks Offered | % of Credit Allocated | Cross-Listed Courses |
|---------------|-------------------------------------|-------------------|---------------|-----------------------|----------------------|
| Lecture | | | | | |
| Recitation | | | | | |
| Presentation | | | | | |
| Laboratory | | | | | |
| Lab Prep | | | | | |
| Studio | | | | | |
| Distance | | | | | |
| Clinic | | | | | |
| Experiential | <input checked="" type="checkbox"/> | | | | |
| Research | | | | | |
| Ind. Study | | | | | |
| Pract/Observ | | | | | |

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):
Restrictions: Professional Practice students only.
Prerequisite: IE 39399.
Professional practice with qualified employers in industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

***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 _____ |

11/11/10

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

EFD 4409

Print Form

DEPARTMENT School of Industrial Engineering

EFFECTIVE SESSION Fall 2009 *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: Subject Abbreviation <u>IE</u> Course Number <u>39599</u> Long Title <u>Professional Practice 5-Session Co-Op V</u> Short Title <u>Prof Practice Extensive</u> ✓ | EXISTING: Subject Abbreviation _____ Course Number _____ | TERMS OFFERED Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring |
| Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY) | | 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 |

| | |
|--|---|
| CREDIT TYPE 1. Fixed Credit: Cr. Hrs. <u>0</u> 2. Variable Credit Range: Minimum Cr. Hrs. _____ (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> Maximum Cr. Hrs. _____ 3. Equivalent Credit: Yes <input type="checkbox"/> No <input 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. Special Fees <input checked="" type="checkbox"/> 6. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/> 7. Variable Title <input type="checkbox"/> 8. Honors <input type="checkbox"/> 9. Full Time Privilege <input checked="" type="checkbox"/> 10. Off Campus Experience <input checked="" type="checkbox"/> |
|--|---|

| Schedule Type | Minutes Per Mtg | Meetings Per Week | Weeks Offered | % of Credit Allocated | Cross-Listed Courses |
|---------------|-------------------------------------|-------------------|---------------|-----------------------|----------------------|
| Lecture | | | | | |
| Recitation | | | | | |
| Presentation | | | | | |
| Laboratory | | | | | |
| Lab Prep | | | | | |
| Studio | | | | | |
| Distance | | | | | |
| Clinic | | | | | |
| Experiential | <input checked="" type="checkbox"/> | | | | |
| Research | | | | | |
| Ind. Study | | | | | |
| Pract/Observ | | | | | |

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):
Restrictions: Professional Practice students only.
Prerequisite: IE 39499.
Professional practice with qualified employers in industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

***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 _____ |

11/11/10

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

EXD 44-09

Print Form

DEPARTMENT School of Industrial Engineering

EFFECTIVE SESSION Fall 2009 *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: |
| Subject Abbreviation IE _____ | Subject Abbreviation _____ |
| Course Number <u>29199</u> | Course Number _____ |
| Long Title <u>Professional Practice - 5 Session Co-Op I</u> | _____ |
| Short Title _____ | _____ |

TERMS OFFERED
Check All That Apply:

Summer Fall Spring

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 | COURSE ATTRIBUTES: Check All That Apply |
| 1. Fixed Credit: Cr. Hrs. <u>0</u> | 1. Pass/Not Pass Only <input type="checkbox"/> |
| 2. Variable Credit Range: _____ | 2. Satisfactory/Unsatisfactory Only <input type="checkbox"/> |
| Minimum Cr. Hrs. _____ | 3. Repeatable <input type="checkbox"/> |
| (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> | Maximum Repeatable Credit: _____ |
| Maximum Cr. Hrs. _____ | 4. Credit by Examination <input type="checkbox"/> |
| 3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/> | 5. Special Fees <input checked="" type="checkbox"/> |
| | 6. Registration Approval Type |
| | Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/> |
| | 7. Variable Title <input type="checkbox"/> |
| | 8. Honors <input type="checkbox"/> |
| | 9. Full Time Privilege <input checked="" type="checkbox"/> |
| | 10. Off Campus Experience <input checked="" type="checkbox"/> |

| ScheduleType | Minutes Per Mtg | Meetings Per Week | Weeks Offered | % of Credit Allocated |
|--------------|-------------------------------------|-------------------|---------------|-----------------------|
| ecture | _____ | _____ | _____ | _____ |
| Recitation | _____ | _____ | _____ | _____ |
| Presentation | _____ | _____ | _____ | _____ |
| Laboratory | _____ | _____ | _____ | _____ |
| Lab Prep | _____ | _____ | _____ | _____ |
| Studio | _____ | _____ | _____ | _____ |
| Distance | _____ | _____ | _____ | _____ |
| Clinic | _____ | _____ | _____ | _____ |
| Experiential | <input checked="" type="checkbox"/> | _____ | _____ | _____ |
| Research | _____ | _____ | _____ | _____ |
| Ind. Study | _____ | _____ | _____ | _____ |
| Pract/Observ | _____ | _____ | _____ | _____ |

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):
Restrictions: Professional Practice students only.
Professional practice with qualified employers in industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

*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 <i>[Signature]</i> _____ Date _____ | West Lafayette College/School Dean <i>[Signature]</i> _____ Date _____ |
| | West Lafayette Registrar _____ Date _____ |

PURDUE UNIVERSITY

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

FAD 44-09

Print Form

Office of the Registrar
FORM 40 REV. 11/09

DEPARTMENT School of Industrial Engineering

EFFECTIVE SESSION Fall 2009 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: Subject Abbreviation IE
 Course Number 29299
 Long Title Professional Practice 5-Session Co-Op II
 Short Title _____

EXISTING: Subject Abbreviation _____
 Course Number _____

TERMS OFFERED
 Check All That Apply:
 Summer Fall Spring

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
 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 | <input checked="" type="checkbox"/> | | | |
| Research | | | | |
| Ind. Study | | | | |
| Pract/Observ | | | | |

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Restrictions: Professional Practice students only.
 Prerequisite: IE 29199.
 Professional practice with qualified employers in industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

*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 _____ |
| <input checked="" type="checkbox"/> West Lafayette Department Head _____ Date _____ | <input checked="" type="checkbox"/> West Lafayette College/School Dean _____ Date _____ |
| | West Lafayette Registrar _____ Date _____ |

PURDUE UNIVERSITY

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

Print Form

Office of the Registrar
FORM 40 REV. 11/09

EFD 4469

DEPARTMENT School of Industrial Engineering

EFFECTIVE SESSION Fall 2009

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:

Subject Abbreviation IE

Course Number 39399

Long Title Professional Practice ^{Extensive} 5-Session Co-Op III

Short Title

EXISTING:

Subject Abbreviation

Course Number

TERMS OFFERED

Check All That Apply:

Summer Fall Spring

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.
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. 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 | <input checked="" type="checkbox"/> | | | |
| Research | | | | |
| Ind. Study | | | | |
| Pract/Observ | | | | |

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Restrictions: Professional Practice students only.
 Prerequisite: IE 29299.
 Professional practice with qualified employers in industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

***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 |

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

EFD 4409

Print Form

DEPARTMENT School of Industrial Engineering

EFFECTIVE SESSION Fall 2009

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:

Subject Abbreviation IE _____ Subject Abbreviation _____
 Course Number 39499 Course Number _____
 Long Title Professional Practice 5-Session Co-Op IV
 Short Title _____

TERMS OFFERED
Check All That Apply:

Summer Fall Spring

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. 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 |
|---------------|-------------------------------------|-------------------|---------------|-----------------------|
| ecture | | | | |
| Recitation | | | | |
| Presentation | | | | |
| Laboratory | | | | |
| Lab Prep | | | | |
| Studio | | | | |
| Distance | | | | |
| Clinic | | | | |
| Experiential | <input checked="" type="checkbox"/> | | | |
| Research | | | | |
| Ind. Study | | | | |
| Pract/Observ | | | | |

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Restrictions: Professional Practice students only.
 Prerequisite: IE 39399.
 Professional practice with qualified employers in industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

***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 _____ |

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

EFD 4409

Print Form

DEPARTMENT School of Industrial Engineering

EFFECTIVE SESSION Fall 2009 *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:

Subject Abbreviation IE
Course Number 39599
Long Title Professional Practice ~~5-Session~~ *Extensive* Co-Op V
Short Title _____

EXISTING:

Subject Abbreviation _____
Course Number _____

TERMS OFFERED

Check All That Apply:

- Summer Fall Spring

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

- | | |
|--|---|
| <input type="checkbox"/> 1. Pass/Not Pass Only | <input type="checkbox"/> 6. Registration Approval Type |
| <input type="checkbox"/> 2. Satisfactory/Unsatisfactory Only | Department <input checked="" type="checkbox"/> Instructor _____ |
| <input type="checkbox"/> 3. Repeatable | 7. Variable Title <input type="checkbox"/> |
| Maximum Repeatable Credit: _____ | 8. Honors <input type="checkbox"/> |
| <input type="checkbox"/> 4. Credit by Examination | 9. Full Time Privilege <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> 5. Special Fees | 10. Off Campus Experience <input checked="" type="checkbox"/> |

| Schedule Type | Minutes Per Mtg | Meetings Per Week | Weeks Offered | % of Credit Allocated |
|---------------|-------------------------------------|-------------------|---------------|-----------------------|
| Lecture | _____ | _____ | _____ | _____ |
| Recitation | _____ | _____ | _____ | _____ |
| Presentation | _____ | _____ | _____ | _____ |
| Laboratory | _____ | _____ | _____ | _____ |
| Lab Prep | _____ | _____ | _____ | _____ |
| Studio | _____ | _____ | _____ | _____ |
| Distance | _____ | _____ | _____ | _____ |
| Clinic | _____ | _____ | _____ | _____ |
| Experiential | <input checked="" type="checkbox"/> | _____ | _____ | _____ |
| Research | _____ | _____ | _____ | _____ |
| Ind. Study | _____ | _____ | _____ | _____ |
| Pract/Observ | _____ | _____ | _____ | _____ |

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Restrictions: Professional Practice students only.
Prerequisite: IE 39499.
Professional practice with qualified employers in industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

***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 _____ |

TO: The Engineering Faculty

FROM: The Faculty of the School of Industrial Engineering

RE: New Courses IE 29199, IE 29299, IE 39399, IE 39499, IE 39599

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

Extensive
IE 29199 Professional Practice ~~5-Session~~ Co-Op I
Sem. 1 and 2. SS. Cr. 0.
Restrictions: Professional Practice students only.
Professional practice with qualified employers in industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

Extensive
IE 29299 Professional Practice ~~5-Session~~ Co-Op II
Sem. 1 and 2. SS. Cr. 0.
Restrictions: Professional Practice students only.
Prerequisite: IE 29199.
Professional practice with qualified employers in industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

Extensive
IE 39399 Professional Practice ~~5-Session~~ Co-Op III
Sem. 1 and 2. SS. Cr. 0.
Restrictions: Professional Practice students only.
Prerequisite: IE 29299.
Professional practice with qualified employers in industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

Extensive
IE 39499 Professional Practice ~~5-Session~~ Co-Op IV
Sem. 1 and 2. SS. Cr. 0.
Restrictions: Professional Practice students only.
Prerequisite: IE 39399.
Professional practice with qualified employers in industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

Extensive
IE 39599 Professional Practice ~~5-Session~~ Co-Op V
Sem. 1 and 2. SS. Cr. 0.
Restrictions: Professional Practice students only.
Prerequisite: IE 39499.
Professional practice with qualified employers in industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

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

Joseph F. Pekny, Interim Head
School of Industrial Engineering

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

ECC Minutes #5

Date 10/26/09

Chairman ECC R. Cipra

