

45-02

DEPARTMENT Civil Engineering

EFFECTIVE SESSION Spring 2009

INSTRUCTIONS: Please check the items below which describe the purpose of this request.

- | | |
|---|---|
| <input 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 checked="" 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 _____ Subject Abbreviation CE
 Course Number _____ Course Number 39800
 Long Title Introduction To Civil Engineering Systems Design
 Short Title _____

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	_____	_____	_____	_____
- Titration	_____	_____	_____	_____
- Presentation	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
- Lab Prep	_____	_____	_____	_____
- Studio	_____	_____	_____	_____
- Distance	_____	_____	_____	_____
- Clinic	_____	_____	_____	_____
- Experiential	_____	_____	_____	_____
- Research	_____	_____	_____	_____
- Ind. Study	_____	_____	_____	_____
- Pract/Observ	_____	_____	_____	_____

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

MA 26100 (C-)

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 MK Bales 4/23/09 Date
 West Lafayette College/School Dean Michael L. Davis 4/23/09 Date
 West Lafayette Registrar Sandra Schaller 2/17/09 Date

2/19/09
JL