

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

Print Form

EFD45-09

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 38199

Long Title Professional Practice 6-Session Co-Op I

Short Title Prof Practice Co-Op I

**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. 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<br>Department <input checked="" type="checkbox"/> Instructor _____ |
| 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. Special Fees <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	X			
Research				
Ind. Study				
Pract/Observ				

**Cross-Listed Courses**

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Sem. 1 and 2. SS. Cr. 0. Restrictions: Professional Practice students only.

Prerequisites: 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 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

*[Signature]* 11/12/10  
West Lafayette Registrar

OFFICE OF THE REGISTRAR

11/11/10  
*[Signature]*



**PURDUE UNIVERSITY**  
REQUEST FOR ADDITION, EXPIRATION,  
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Print Form

EFD 45-09

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:**

**EXISTING:**

Subject Abbreviation IE

Subject Abbreviation

Course Number 38299

Course Number

Long Title Professional Practice 3-Session Co-Op II

Short Title Prof Practice Co-Op II

Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)

**TERMS OFFERED**

Check All That Apply:

☒ Summer ☒ Fall ☒ Spring

**CAMPUS(ES) INVOLVED**

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

**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 <input type="checkbox"/>                          | 6. Registration Approval Type <input checked="" type="checkbox"/> Department <input checked="" type="checkbox"/> Instructor |
| 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="text"/>                         | 9. Full Time Privilege <input checked="" type="checkbox"/>  |
| 4. Credit by Examination <input type="checkbox"/>                       | 10. Off Campus Experience <input checked="" type="checkbox"/>   |
| 5. Special Fees <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):**

Sem. 1 and 2. SS. Cr. 0. Restrictions: Professional Practice students only. Prerequisites: IE 38199.

Professional practice with qualified employers within 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

OFFICE OF THE REGISTRAR

11/11/10



DEPARTMENT School of Industrial Engineering

EFFECTIVE SESSION Fall 2009

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 38399

Long Title Professional Practice 3-Session Co-Op III

Short Title Prof Practice Co-Op III

Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)

**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		

## 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               | <input type="checkbox"/>            | 6. Registration Approval Type | <input type="checkbox"/>            | Instructor | <input type="checkbox"/>            |
| 2. Satisfactory/Unsatisfactory Only | <input checked="" type="checkbox"/> | Department                    | <input checked="" type="checkbox"/> |            | <input type="checkbox"/>            |
| 3. Repeatable                       | <input type="checkbox"/>            | 7. Variable Title             |                                     |            | <input type="checkbox"/>            |
| Maximum Repeatable Credit:          | <input type="checkbox"/>            | 8. Honors                     |                                     |            | <input type="checkbox"/>            |
| 4. Credit by Examination            | <input type="checkbox"/>            | 9. Full Time Privilege        |                                     |            | <input checked="" type="checkbox"/> |
| 5. Special Fees                     | <input checked="" type="checkbox"/> | 10. Off Campus Experience     |                                     |            | <input checked="" type="checkbox"/> |

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

### Cross-Listed Courses

## COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Sem. 1 and 2. SS. Cr. 0. Restrictions: Professional Practice students only. Prerequisites: IE 38299.

Professional practice with qualified employers within 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

OFFICE OF THE REGISTRAR



**PURDUE UNIVERSITY**  
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(10000-40000 LEVEL)

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EFD45-09

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)  |
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| <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 38199

Course Number

Long Title Professional Practice 9-Session Co-Op I

Short Title

**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):**

Sem. 1 and 2. SS. Cr. 0. Restrictions: Professional Practice students only.

Prerequisites: 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 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

OFFICE OF THE REGISTRAR





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

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 38299

Course Number

Long Title Professional Practice 3-Session Co-Op II

Short Title

Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)

**TERMS OFFERED**  
Check All That Apply:

☒ Summer ☒ Fall ☒ Spring

**CAMPUS(ES) INVOLVED**

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

**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 <input type="checkbox"/>               | 6. Registration Approval Type <input checked="" type="checkbox"/> |
| 2. Satisfactory/Unsatisfactory Only <input type="checkbox"/> | Department <input checked="" type="checkbox"/>                    |
| 3. Repeatable <input type="checkbox"/>                       | Instructor <input type="checkbox"/>                               |
| Maximum Repeatable Credit: <input type="text"/>              | 7. Variable Title <input type="checkbox"/>                        |
| 4. Credit by Examination <input type="checkbox"/>            | 8. Honors <input type="checkbox"/>                                |
| 5. Special Fees <input checked="" 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
Lecture				
Recitation				
Presentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential	X			
Research				
Ind. Study				
Pract/Observ				

**Cross-Listed Courses**

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

Sem. 1 and 2. SS. Cr. 0. Restrictions: Professional Practice students only. Prerequisites: IE 38199.

Professional practice with qualified employers within 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

OFFICE OF THE REGISTRAR



# 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

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<br><input type="checkbox"/> 2. Add existing course offered at another campus<br><input type="checkbox"/> 3. Expiration of a course<br><input type="checkbox"/> 4. Change in course number<br><input type="checkbox"/> 5. Change in course title<br><input type="checkbox"/> 6. Change in course credit/type | <input type="checkbox"/> 7. Change in course attributes (department head signature only)<br><input type="checkbox"/> 8. Change in instructional hours<br><input type="checkbox"/> 9. Change in course description<br><input type="checkbox"/> 10. Change in course requisites<br><input type="checkbox"/> 11. Change in semesters offered (department head signature only)<br><input type="checkbox"/> 12. Transfer from one department to another |
|---|--|

**PROPOSED:**

Subject Abbreviation IE

Course Number 38399

Long Title Professional Practice 3-Session Co-Op III

Short Title

**EXISTING:**

Subject Abbreviation

Course Number

**TERMS OFFERED**  
Check All That Apply:

☒ Summer ☒ Fall ☒ Spring

**CAMPUS(ES) INVOLVED**

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

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"/><br>2. Satisfactory/Unsatisfactory Only <input type="checkbox"/><br>3. Repeatable <input type="checkbox"/><br>Maximum Repeatable Credit: <u>          </u><br>4. Credit by Examination <input type="checkbox"/><br>5. Special Fees <input checked="" type="checkbox"/> | 6. Registration Approval Type<br>Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/><br>7. Variable Title <input type="checkbox"/><br>8. Honors <input type="checkbox"/><br>9. Full Time Privilege <input checked="" type="checkbox"/><br>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):**

Sem. 1 and 2. SS. Cr. 0. Restrictions: Professional Practice students only. Prerequisites: IE 38299.

Professional practice with qualified employers within 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 School Dean _____ Date _____
		West Lafayette Registrar _____ Date _____	

OFFICE OF THE REGISTRAR



**TO:** The Engineering Faculty

**FROM:** The Faculty of the School of Industrial Engineering

**RE:** New Courses: IE 38199, IE 38299, and IE 38399

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

**IE 38199 Professional Practice ~~3-Session~~ Co-Op I**

Sem. 1 and 2. SS. Cr. 0.

Restrictions: Professional Practice students only.

Prerequisites: 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 required.

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**IE 38299 Professional Practice ~~3-Session~~ Co-Op II**

Sem. 1 and 2. SS. Cr. 0.

Restrictions: Professional Practice students only.

Prerequisites: IE 38199.

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

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**IE 38399 Professional Practice ~~3-Session~~ Co-Op III**

Sem. 1 and 2. SS. Cr. 0.

Restrictions: Professional Practice students only.

Prerequisites: IE 38299.

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

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



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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

