

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

Print Form

47-02

DEPARTMENT Civil Engineering

EFFECTIVE SESSION Fall 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

Summer Fall Spring

Course Number _____

Course Number 20300

CAMPUS(ES) INVOLVED

Long Title Principles and Practice of Geomatics

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

Short Title _____

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.
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	_____	_____	_____	_____
Demonstration	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
Lab Prep	_____	_____	_____	_____
Studio	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Clinic	_____	_____	_____	_____
Experiential	_____	_____	_____	_____
Research	_____	_____	_____	_____
Ind. Study	_____	_____	_____	_____
Pract/Observ	_____	_____	_____	_____

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

CGT 164 (C-) may be taken concurrently

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 M. K. Bonds 1/23/09 West Lafayette College/School Dean [Signature] 1/23/09 West Lafayette Registrar [Signature] 2/19/09

2/19/09
[Signature]