

*EPD*  
*5-10*

**Print Form**

DEPARTMENT Biomedical Engineering

EFFECTIVE SESSION Summer 2010

*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 BME

Subject Abbreviation \_\_\_\_\_

Course Number 38199

Course Number \_\_\_\_\_

Long Title Professional Practice 3-session Co-Op I

Short Title Prof. Pract. Co-Op I

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. 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	480	5	16	100
Research				
Ind. Study				
Pract/Observ				

**Cross-Listed Courses**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Restriction: Professional Practice students only.  
 Prerequisites: Junior standing or consent of instructor.  
 To obtain professional practice with qualified employers within industry, government, or small business.

**\*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

*10/19/10*  
*[Signature]*



*EPD 5-10*

DEPARTMENT Biomedical Engineering

EFFECTIVE SESSION Summer 2010 *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 BME

Course Number 38299

Long Title Professional Practice 3-session Co-Op II

Short Title Prof. Pract. Co-Op II

**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 checked="" type="checkbox"/> 2. Satisfactory/Unsatisfactory Only | Department <input type="checkbox"/> Instructor <input checked="" type="checkbox"/> |
| <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"/>                      |

ScheduleType	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture				
Recitation				
resentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential	480	5	16	100
Research				
Ind. Study				
Pract/Observ				

**Cross-Listed Courses**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Restriction: Professional Practice students only.  
Prerequisites: BME 38199  
To obtain professional practice with qualified employers within industry, government, or small business.

**\*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 _____

*Andrea Schaffer 10/29/10*  
West Lafayette Registrar \_\_\_\_\_ Date \_\_\_\_\_

*10129110*



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

Print Form

EFD 5-10

DEPARTMENT Biomedical Engineering

EFFECTIVE SESSION Summer 2010 *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 BME Subject Abbreviation \_\_\_\_\_  
 Course Number 38399 Course Number \_\_\_\_\_  
 Long Title Professional Practice Session Co-Op III  
 Short Title Prof. Pract. Co-Op III

**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**

**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

ScheduleType	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture				
Recitation				
Presentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential	480	5	16	100
Research				
Ind. Study				
Pract/Observ				

**Cross-Listed Courses**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Restriction: Professional Practice students only.  
 Prerequisites: BME 38299  
 To obtain professional practice with qualified employers within industry, government, or small business.

**\*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]* \_\_\_\_\_ Date 10/30/10  
 West Lafayette Registrar

*10/29/10*  
*[Signature]*



*EPD*  
*5-10*

Print Form

DEPARTMENT Biomedical Engineering

EFFECTIVE SESSION Summer 2010 *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 BME  
Course Number 38199  
Long Title Professional Practice 3-session Co-Op I  
Short Title Prof. Pract. Co-Op I

EXISTING:

Subject Abbreviation \_\_\_\_\_  
Course Number \_\_\_\_\_  
Long Title \_\_\_\_\_  
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
Lecture				
Lecture/citation				
Presentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential	480	5	16	100
Research				
Ind. Study				
Pract/Observ				

Cross-Listed Courses

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Restriction: Professional Practice students only.  
Prerequisites: Junior standing or consent of instructor.  
To obtain professional practice with qualified employers within industry, government, or small business.

\*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 _____
<i>John W. ...</i> 3/4/10 West Lafayette Department Head _____ Date _____	<i>Michael ...</i> 10/19/2009 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

EAD 5-10

DEPARTMENT Biomedical Engineering

EFFECTIVE SESSION ~~Summer 2010~~ 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                      |

<b>PROPOSED:</b>	<b>EXISTING:</b>
Subject Abbreviation <u>BME</u>	Subject Abbreviation _____
Course Number <u>38299</u>	Course Number _____
Long Title <u>Professional Practice 5-session Co-Op II</u>	_____
Short Title <u>Prof. Pract. Co-Op II</u>	_____

**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)

<b>CREDIT TYPE</b>	<b>COURSE ATTRIBUTES: Check All That Apply</b>
1. Fixed Credit: Cr. Hrs. <u>0</u>	1. Pass/Not Pass Only <input type="checkbox"/>
2. Variable Credit Range: Minimum Cr. Hrs. _____ (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> Maximum Cr. Hrs. _____	2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/>
3. Equivalent Credit: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	3. Repeatable <input type="checkbox"/>
	4. Credit by Examination <input type="checkbox"/>
	5. Special Fees <input checked="" type="checkbox"/>
	6. Registration Approval Type Department <input type="checkbox"/> Instructor <input checked="" 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
lecture	_____	_____	_____	_____
discussion	_____	_____	_____	_____
Presentation	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
Lab Prep	_____	_____	_____	_____
Studio	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Clinic	_____	_____	_____	_____
Experiential	480	5	16	100
Research	_____	_____	_____	_____
Ind. Study	_____	_____	_____	_____
Pract/Observ	_____	_____	_____	_____

**Cross-Listed Courses**

\_\_\_\_\_

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**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**  
 Restriction: Professional Practice students only.  
 Prerequisites: BME 38199  
 To obtain professional practice with qualified employers within industry, government, or small business.

\*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 _____
<i>J.R. Wood</i> 3/4/10 West Lafayette Department Head _____ Date _____	<i>Michael J. Davis</i> 10/19/2000 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

*EAD 510*

DEPARTMENT Biomedical Engineering

EFFECTIVE SESSION Summer 2010 *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 BME

Subject Abbreviation \_\_\_\_\_

Course Number 38399

Course Number \_\_\_\_\_

Long Title Professional Practice Session Co-Op III

Short Title Prof. Pract. Co-Op III

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. 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

ScheduleType	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
ecture	_____	_____	_____	_____
resentation	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
Lab Prep	_____	_____	_____	_____
Studio	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Clinic	_____	_____	_____	_____
Experiential	480	5	16	100
Research	_____	_____	_____	_____
Ind. Study	_____	_____	_____	_____
Pract/Observ	_____	_____	_____	_____

**Cross-Listed Courses**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Restriction: Professional Practice students only.  
 Prerequisites: BME 38299  
 To obtain professional practice with qualified employers within industry, government, or small business.

**\*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 _____
<i>Shirley Woodman</i> _____ Date <u>3/4/10</u>	<i>Marilyn G. Davis</i> _____ Date <u>10/19/2000</u>
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____
_____	West Lafayette Registrar _____ Date _____



October 8, 2009

**TO:** Faculty of the College of Engineering  
**FROM:** Faculty of the School of Biomedical Engineering  
**DATE:** November 13, 2008  
**RE:** New Courses BME 38199, BME 38299, BME 38399

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

**BME 38199 Professional Practice ~~3-Session~~ Co-Op I**  
Sem 1, 2, and SS. Credits: 0  
Restrictions: Professional Practice students only  
Prerequisites: Junior standing or consent of instructor

To obtain professional practice with qualified employers within industry, government, or small business.

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**BME 38299 Professional Practice ~~3-Session~~ Co-Op II**  
Sem 1, 2, and SS. Credits: 0  
Restrictions: Professional Practice students only  
Prerequisites: BME 38199

To obtain professional practice with qualified employers within industry, government, or small business.

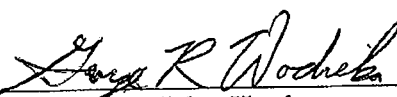
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**BME 38399 Professional Practice ~~3-Session~~ Co-Op III**  
Sem 1, 2, and SS. Credits: 0  
Restrictions: Professional Practice students only  
Prerequisites: BME 38299

To obtain professional practice with qualified employers within industry, government, or small business.

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**Reason:** Transferring the 3-session Professional Practice courses into each individual discipline.

  
George R. Wodicka, Head  
School of Biomedical Engineering

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

ECC Minutes #6

Date 11/2/09

R. P.

