

DEPARTMENT School of Electrical and Computer Engineering DATE SUBMITTED 11/25/03 DATE EFFECTIVE _____

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

PURPOSE

- | | |
|---|---|
| <input checked="" type="checkbox"/> 1. Deletion of a course | <input type="checkbox"/> 8. Change in semesters offered |
| <input type="checkbox"/> 2. New course with supporting documents | <input type="checkbox"/> 9. Change in course credit/type |
| <input type="checkbox"/> 3. Add existing course offered at another campus | <input type="checkbox"/> 10. Change in course attributes |
| <input type="checkbox"/> 4. Change in course number at same level | <input type="checkbox"/> 11. Change in instructional hours |
| <input type="checkbox"/> 5. Downgrading of course level | <input type="checkbox"/> 12. Change in prerequisites |
| <input type="checkbox"/> 6. Upgrading of course level | <input type="checkbox"/> 13. Change in description of course content |
| <input type="checkbox"/> 7. Change in course title | <input type="checkbox"/> 14. Transfer of course from one dept. to another |

EXISTING: Subject Abbreviation <u>ECE</u> Course Number <u>398</u> Proposed Title <u>Industrial Practice Seminar III</u> Variable Title Yes <input type="checkbox"/> No <input type="checkbox"/>	PROPOSED: Subject Abbreviation _____ Course Number _____ Abbreviated Title _____ <small>Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)</small>	SEMESTERS OFFERED Check All That Apply. Summer <input type="checkbox"/> Fall <input type="checkbox"/> Ag Winter <input type="checkbox"/> Spring <input type="checkbox"/>
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CROSS LISTED COURSES _____ _____ _____	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 _____ 4. Thesis Credit: Yes _____ No _____	COURSE ATTRIBUTES: Check All That Apply. 1. Pass/Not Pass Only _____ 2. Repeatable for Credit _____ 3. Available for Credit by Examination _____ 4. Designator Required _____ 5. Special Fees _____ 6. Approval Required for Enrollment _____ Department _____ Instructor _____
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Instructional Type Primary _____ Secondary _____ Laboratory _____ Lab. Prep. _____	Class Hours _____	FTE _____	Instructional Type Auto-tutorial _____ Ind. Study _____ Clinic _____ Experiential _____	Class Hours _____	FTE _____	Instructional Type Thesis _____ Observation _____ Matis Based _____	Class Hours _____	FTE _____	CAMPUS(ES) INVOLVED Calumet _____ Fort Wayne _____ Indianapolis _____ North Central _____ West Lafayette _____ Off Campus _____
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COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Calumet Undergrad Curriculum Committee _____ Date	Calumet Department Head _____ Date	Calumet School Dean _____ Date
Fort Wayne Department Head _____ Date	Fort Wayne School Dean _____ Date	Fort Wayne Chancellor _____ Date
Indianapolis Department Head _____ Date	Indianapolis School Dean _____ Date	Undergrad Curriculum Committee _____ Date <i>Robert E. Montgomery 1/27/04</i>
North Central Department Head _____ Date	North Central Vice Chancellor _____ Date	Date Approved by Graduate Council _____
West Lafayette Department Head _____ Date <i>Robert F. Perret 11/26/03</i>	West Lafayette School Dean _____ Date <i>Leah H. Janni - 2/2/04</i>	Graduate Council Secretary _____ Date <i>Debra Sheets 2/14/04</i>
Graduate Area Committee Convener _____ Date	Graduate Dean _____ Date	West Lafayette Registrar _____ Date

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RECEIVED

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ADMINISTRATION