

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 type="checkbox"/> 1. Deletion of a course | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> 12. Change in prerequisites |
| <input type="checkbox"/> 6. Upgrading of course level | <input checked="" 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:		PROPOSED:		SEMESTERS OFFERED			
Subject Abbreviation	<u>ECE</u>	Subject Abbreviation	<u>ECE</u>	Check All That Apply.			
Course Number	<u>396</u>	Course Number	<u>396</u>	Summer	Fall	Ag Winter	Spring
Proposed Title	<u>Industrial Practice Seminar</u>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Variable Title	Yes <input type="checkbox"/>	No	<input type="checkbox"/>				
Abbreviated Title _____							
Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)							

CROSS LISTED COURSES			CREDIT TYPE			COURSE ATTRIBUTES: Check All That Apply.			
_____			1. Fixed Credit: Cr. Hrs. <u>1</u>	1. Pass/Not Pass Only <input type="checkbox"/>			2. Repeatable for Credit <input checked="" type="checkbox"/>		
_____			2. Variable Credit Range:	3. Available for Credit by Examination <input type="checkbox"/>			4. Designator Required <input type="checkbox"/>		
_____			Minimum Cr. Hrs _____	4. Special Fees <input type="checkbox"/>			5. Approval Required for Enrollment <input type="checkbox"/>		
_____			(Check One) To _____ Or _____	6. Department _____			6. Instructor _____		
_____			3. Equivalent Credit: Yes _____ No _____	6. Department _____			6. Instructor _____		
_____			4. Thesis Credit: Yes _____ No _____	6. Department _____			6. Instructor _____		

Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	CAMPUS(ES) INVOLVED
Primary			Auto-tutorial			Thesis			Calumet
Secondary			Ind. Study			Observation			Fort Wayne
Laboratory			Clinic			Matis Based			Indianapolis
Lab. Prep.			Experiential						North Central
									West Lafayette
									Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):
Prerequisites: Junior or Senoir standing and one of ECE 393, ECE 394, ECE 395 or ECE 496I.
A special seminar for cooperative education and curricular practical training students.

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
North Central Department Head _____ Date	North Central Vice Chancellor _____ Date	Date Approved by Graduate Council _____
West Lafayette Department Head <u>Robert F. Pasvist</u> <u>11/26/03</u> Date	West Lafayette School Dean <u>Leann H. Janin</u> <u>2/2/04</u> Date	Graduate Council Secretary _____ Date
Graduate Area Committee Convener _____ Date	Graduate Dean _____ Date	West Lafayette Registrar <u>Debra Sheets</u> <u>2/4/04</u> Date

1/14/04
3/15/04

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Debra J. [unclear]

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