

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

Print Form

EFD 53-09

SP 2011

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

<b>PROPOSED:</b> Subject Abbreviation NUCL Course Number 291001 Long Title PROFESSIONAL PRACTICE 5-SESSION CO-OP I Short Title Prof Practice Extensive I	<b>EXISTING:</b> Subject Abbreviation NUCL Course Number 29199	<b>TERMS OFFERED</b> Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring
Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)		<b>CAMPUS(ES) INVOLVED</b> Calumet Cont Ed Fl. Wayne Indianapolis N. Central Tech Statewide <input checked="" type="checkbox"/> W. Lafayette

<b>CREDIT TYPE</b> 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 _____	<b>COURSE ATTRIBUTES: Check All That Apply</b> 1. Pass/Not Pass Only 2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/> 3. Repeatable Maximum Repeatable Credit: 4. Credit by Examination 5. Special Fees <input checked="" type="checkbox"/> 6. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor 7. Variable Title 8. Honors 9. Full Time Privilege <input checked="" type="checkbox"/> 10. Off Campus Experience <input checked="" type="checkbox"/>
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Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated	Cross-Listed Courses
Lecture					
Recitation					
Presentation					
Laboratory					
Lab Prep					
Studio					
Distance					
Clinic					
Experiential					
Research					
Ind. Study					
Pract/Observ					

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**  
RESTRICTIONS: Professional Practice students only  
PREREQUISITES: Sophomore standing or consent of instructor

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 _____

11/11/10



**PURDUE UNIVERSITY**  
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DEPARTMENT Nuclear 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 | 7. Change in course attributes (department head signature only)  |
| 2. Add existing course offered at another campus                            | 8. Change in instructional hours                                 |
| 3. Expiration of a course   | 9. Change in course description                                  |
| 4. Change in course number  | 10. Change in course requisites                                  |
| 5. Change in course title   | 11. Change in semesters offered (department head signature only) |
| 6. Change in course credit/type   | 12. Transfer from one department to another                      |

<b>PROPOSED:</b> Subject Abbreviation NUCL Course Number 29200 Long Title PROFESSIONAL PRACTICE 5-SESSION CO-OP II Short Title Prof Practice Extensive II	<b>EXISTING:</b> Subject Abbreviation NUCL Course Number 29299	<b>TERMS OFFERED</b> Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring
Abbreviated title will be _____, the Office of the Registrar if omitted. (30 CHARACTERS ONLY)		<b>CAMPUS(ES) INVOLVED</b> Calumet _____ N. Central _____ Cont Ed _____ Tech Statewide _____ Fl. Wayne _____ <input checked="" type="checkbox"/> W. Lafayette _____ Indianapolis _____

<b>CREDIT TYPE</b> 1. Fixed Credit: Cr. Hrs. 0 2. Variable Credit Range: Minimum Cr. Hrs. _____ To _____ Or _____ Maximum Cr. Hrs. _____ 3. Equivalent Credit: Yes _____ No _____	<b>COURSE ATTRIBUTES: Check All That Apply</b> 1. Pass/Not Pass Only 2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/> 3. Repeatable Maximum Repeatable Credit: _____ 4. Credit by Examination 5. Special Fees <input checked="" type="checkbox"/> 6. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor _____ 7. Variable Title 8. Honors 9. Full Time Privilege <input checked="" type="checkbox"/> 10. Off Campus Experience <input checked="" type="checkbox"/>
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ScheduleType	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated	Cross-Listed Courses
Lecture					
Recitation					
Presentation					
Laboratory					
Lab Prep					
Studio					
Distance					
Clinic					
Experiential <input checked="" type="checkbox"/>					
Research					
Ind. Study					
Pract/Observ					

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**  
RESTRICTIONS: Professional Practice students only  
PREREQUISITES: NUCL 29199

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 _____	

1/11/10



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DEPARTMENT Nuclear Engineering

EFFECTIVE SESSION Fall 2009

SPRING 2011

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> 1. New course with supporting documents | 7. Change in course attributes (department head signature only)  |
| 2. Add existing course offered at another campus                            | 8. Change in instructional hours                                 |
| 3. Expiration of a course   | 9. Change in course description                                  |
| 4. Change in course number  | 10. Change in course requisites                                  |
| 5. Change in course title   | 11. Change in semesters offered (department head signature only) |
| 6. Change in course credit/type   | 12. Transfer from one department to another                      |

<b>PROPOSED:</b> Subject Abbreviation NUCL Course Number 39399 Long Title PROFESSIONAL PRACTICE 5-SESSION CO-OP III Short Title Prof Practice Extensive III	<b>EXISTING:</b> Subject Abbreviation NUCL Course Number 39399	<b>TERMS OFFERED</b> Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring
Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)		<b>CAMPUS(ES) INVOLVED</b> Calumet N. Central Cont Ed Tech Statewide Fl. Wayne <input checked="" type="checkbox"/> W. Lafayette Indianapolis

<b>CREDIT TYPE</b> 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 _____	<b>COURSE ATTRIBUTES: Check All That Apply</b> 1. Pass/Not Pass Only 2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/> 3. Repeatable Maximum Repeatable Credit: _____ 4. Credit by Examination 5. Special Fees <input checked="" type="checkbox"/> 6. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor 7. Variable Title 8. Honors 9. Full Time Privilege <input checked="" type="checkbox"/> 10. Off Campus Experience <input checked="" type="checkbox"/>
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Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated	Cross-Listed Courses
Lecture					
Recitation					
Presentation					
Laboratory					
Lab Prep					
Studio					
Distance					
Clinic					
Experiential					
Research					
Ind. Study					
Pract/Observ					

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**  
RESTRICTIONS: Professional Practice students only  
PREREQUISITES: NUCL 29299

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 _____

11/11/10  
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**PURDUE UNIVERSITY**  
**REQUEST FOR ADDITION, EXPIRATION,**  
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EFD 53-09

DEPARTMENT Nuclear Engineering

EFFECTIVE SESSION Fall 2009

SPRING 2011

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> 1. New course with supporting documents | 7. Change in course attributes (department head signature only)  |
| 2. Add existing course offered at another campus                            | 8. Change in instructional hours                                 |
| 3. Expiration of a course   | 9. Change in course description                                  |
| 4. Change in course number  | 10. Change in course requisites                                  |
| 5. Change in course title   | 11. Change in semesters offered (department head signature only) |
| 6. Change in course credit/type   | 12. Transfer from one department to another                      |

<b>PROPOSED:</b> Subject Abbreviation NUCL Course Number 39499 Long Title PROFESSIONAL PRACTICE 5-SESSION CO-OP IV Short Title Prof Practice Extensive IV <small>Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)</small>	<b>EXISTING:</b> Subject Abbreviation NUCL Course Number 39499	<b>TERMS OFFERED</b> Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring
		<b>CAMPUS(ES) INVOLVED</b> Calumet N. Central Cont Ed Tech Statewide Ft. Wayne <input checked="" type="checkbox"/> W. Lafayette Indianapolis

<b>CREDIT TYPE</b> 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	<b>COURSE ATTRIBUTES: Check All That Apply</b> 1. Pass/Not Pass Only 2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/> 3. Repeatable Maximum Repeatable Credit: 4. Credit by Examination 5. Special Fees <input checked="" type="checkbox"/> 6. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor 7. Variable Title 8. Honors 9. Full Time Privilege <input checked="" type="checkbox"/> 10. Off Campus Experience <input checked="" type="checkbox"/>
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Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated	Cross-Listed Courses
Lecture					
Recitation					
Presentation					
Laboratory					
Lab Prep					
Studio					
Distance					
Clinic					
Experiential <input checked="" type="checkbox"/>					
Research					
Ind. Study					
Prac/Observ					

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**  
RESTRICTIONS: Professional Practice students only  
PREREQUISITES: NUCL 39399

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 4-9-09	West Lafayette College School Dean _____ Date 10/27/2009
	West Lafayette Registrar _____ Date 11/7/10

11/11/10





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DEPARTMENT Nuclear Engineering

EFFECTIVE SESSION Fall 2009

SPRING 2011

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> 1. New course with supporting documents | 7. Change in course attributes (department head signature only)  |
| 2. Add existing course offered at another campus                            | 8. Change in instructional hours                                 |
| 3. Expiration of a course   | 9. Change in course description                                  |
| 4. Change in course number  | 10. Change in course requisites                                  |
| 5. Change in course title   | 11. Change in semesters offered (department head signature only) |
| 6. Change in course credit/type   | 12. Transfer from one department to another                      |

<b>PROPOSED:</b> Subject Abbreviation NUCL Course Number 39599 Long Title PROFESSIONAL PRACTICE 5-SESSION CO-OP V Short Title Pro f Practice Extensive	<b>EXISTING:</b> Subject Abbreviation NUCL Course Number 39599	<b>TERMS OFFERED</b> Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring
Abbreviated title will be _____ office of the Registrar if omitted. (30 CHARACTERS ONLY)		<b>CAMPUS(ES) INVOLVED</b> Calumet Cont Ed Fl. Wayne Indianapolis N. Central Tech Statewide <input checked="" type="checkbox"/> W. Lafayette

<b>CREDIT TYPE</b> 1. Fixed Credit: Cr. Hrs. 0 2. Variable Credit Range: Minimum Cr. Hrs. _____ To _____ Or _____ Maximum Cr. Hrs. _____ 3. Equivalent Credit: Yes No	<b>COURSE ATTRIBUTES: Check All That Apply</b> 1. Pass/Not Pass Only 2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/> 3. Repeatable Maximum Repeatable Credit: _____ 4. Credit by Examination <input checked="" type="checkbox"/> 5. Special Fees <input checked="" type="checkbox"/>	6. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor 7. Variable Title 8. Honors 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	Cross-Listed Courses
Lecture					
Recitation					
Presentation					
Laboratory					
Lab Prep					
Studio					
Distance					
Clinic					
Experiential <input checked="" type="checkbox"/>					
Research					
Ind. Study					
Pract/Observ					

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**  
RESTRICTIONS: Professional Practice students only  
PREREQUISITES: NUCL 39499

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 _____

11/11/10  
2



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

<b>PROPOSED:</b>	<b>EXISTING:</b>	<b>TERMS OFFERED</b> Check All That Apply:
Subject Abbreviation NUCL	Subject Abbreviation NUCL	<input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring
Course Number 29100	Course Number 29199	<b>CAMPUS(ES) INVOLVED</b>
Long Title PROFESSIONAL PRACTICE <del>5-SESSION</del> CO-OP I <i>EXTENSIVE</i>		Calumet                      N. Central Cont Ed                      Tech Statewide Ft. Wayne <input checked="" type="checkbox"/> W. Lafayette Indianapolis
Short Title		
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. 0	1. Pass/Not Pass Only
2. Variable Credit Range: Minimum Cr. Hrs.                      Or                      Maximum Cr. Hrs.	2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/>
3. Equivalent Credit: Yes                      No	3. Repeatable Maximum Repeatable Credit:
	4. Credit by Examination <input checked="" type="checkbox"/>
	5. Special Fees
	6. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor
	7. Variable Title
	8. Honors
	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	Cross-Listed Courses
lecture					
recitation					
Presentation					
Laboratory					
Lab Prep					
Studio					
Distance					
Clinic					
Experiential Research <input checked="" type="checkbox"/>					
Ind. Study					
Pract/Observ					

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**  
 RESTRICTIONS: Professional Practice students only  
 PREREQUISITES: Sophomore standing or consent of instructor

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



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*EFD 53-09*

*SP 2011*

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

<b>PROPOSED:</b> Subject Abbreviation NUCL Course Number 29200 Long Title PROFESSIONAL PRACTICE 5-SESSION CO-OP II Short Title	<b>EXISTING:</b> Subject Abbreviation NUCL Course Number 29299 Long Title Short Title	<b>TERMS OFFERED</b> Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring
Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)		<b>CAMPUS(ES) INVOLVED</b> Calumet Cont Ed Fl. Wayne Indianapolis N. Central Tech Statewide <input checked="" type="checkbox"/> W. Lafayette

<b>CREDIT TYPE</b> 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	<b>COURSE ATTRIBUTES: Check All That Apply</b> 1. Pass/Not Pass Only 2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/> 3. Repeatable Maximum Repeatable Credit: 4. Credit by Examination 5. Special Fees <input checked="" type="checkbox"/>	6. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor 7. Variable Title 8. Honors 9. Full Time Privilege <input checked="" type="checkbox"/> 10. Off Campus Experience <input checked="" type="checkbox"/>
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Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated	Cross-Listed Courses
ecture					
ecitation					
resentation					
aboratory					
ab Prep					
udio					
istance					
linic					
Experiential <input checked="" type="checkbox"/>					
Research					
nd. Study					
ract/Observ					

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**  
RESTRICTIONS: Professional Practice students only  
PREREQUISITES: NUCL 29199

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 <i>[Signature]</i> <i>4-9-09</i> _____ Date _____	West Lafayette College/School Dean <i>[Signature]</i> <i>10/19/00</i> _____ Date _____
	West Lafayette Registrar _____ Date _____



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DEPARTMENT Nuclear Engineering

EFFECTIVE SESSION Fall 2009

SPRING 2011

INSTRUCTIONS: Please check the items below which describe the purpose of this request.																																																																		
<p><input checked="" type="checkbox"/> 1. New course with supporting documents</p> <p>2. Add existing course offered at another campus</p> <p>3. Expiration of a course</p> <p>4. Change in course number</p> <p>5. Change in course title</p> <p>6. Change in course credit/type</p>	<p>7. Change in course attributes (department head signature only)</p> <p>8. Change in instructional hours</p> <p>9. Change in course description</p> <p>10. Change in course requisites</p> <p>11. Change in semesters offered (department head signature only)</p> <p>12. Transfer from one department to another</p>																																																																	
<p><b>PROPOSED:</b></p> <p>Subject Abbreviation NUCL</p> <p>Course Number 39300</p> <p>Long Title PROFESSIONAL PRACTICE 5-SESSION CO-OP III</p> <p>Short Title</p>	<p><b>EXISTING:</b></p> <p>Subject Abbreviation NUCL</p> <p>Course Number 39399</p> <p>Long Title</p> <p>Short Title</p>	<p><b>TERMS OFFERED</b> Check All That Apply:</p> <p><input checked="" type="checkbox"/> Summer    <input checked="" type="checkbox"/> Fall    <input checked="" type="checkbox"/> Spring</p> <p><b>CAMPUS(ES) INVOLVED</b></p> <p>Calumet                      N. Central</p> <p>Cont Ed                      Tech Statewide</p> <p>Fl. Wayne                      <input checked="" type="checkbox"/> W. Lafayette</p> <p>Indianapolis</p>																																																																
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<p><b>CREDIT TYPE</b></p> <p>1. Fixed Credit: Cr. Hrs. 0</p> <p>2. Variable Credit Range: Minimum Cr. Hrs. _____ (Check One) To _____ Or _____ Maximum Cr. Hrs. _____</p> <p>3. Equivalent Credit: Yes    No</p>	<p><b>COURSE ATTRIBUTES: Check All That Apply</b></p> <table style="width:100%;"> <tr> <td style="width:33%;">1. Pass/Not Pass Only</td> <td style="width:33%;">6. Registration Approval Type</td> <td style="width:34%;">Department <input checked="" type="checkbox"/> Instructor</td> </tr> <tr> <td>2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/></td> <td>7. Variable Title</td> <td></td> </tr> <tr> <td>3. Repeatable</td> <td>8. Honors</td> <td></td> </tr> <tr> <td>Maximum Repeatable Credit: _____</td> <td>9. Full Time Privilege</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>4. Credit by Examination</td> <td>10. Off Campus Experience</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>5. Special Fees <input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> </table>			1. Pass/Not Pass Only	6. Registration Approval Type	Department <input checked="" type="checkbox"/> Instructor	2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/>	7. Variable Title		3. Repeatable	8. Honors		Maximum Repeatable Credit: _____	9. Full Time Privilege	<input checked="" type="checkbox"/>	4. Credit by Examination	10. Off Campus Experience	<input checked="" type="checkbox"/>	5. Special Fees <input checked="" type="checkbox"/>																																															
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**PURDUE UNIVERSITY**  
REQUEST FOR ADDITION, EXPIRATION,  
OR REVISION OF AN UNDERGRADUATE COURSE  
(10000-40000 LEVEL)

Print Form

*EFD 53-09*

DEPARTMENT Nuclear Engineering

EFFECTIVE SESSION ~~Fall 2009~~ *SPRING 2011*

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> 1. New course with supporting documents | 7. Change in course attributes (department head signature only)  |
| 2. Add existing course offered at another campus                            | 8. Change in instructional hours                                 |
| 3. Expiration of a course   | 9. Change in course description                                  |
| 4. Change in course number  | 10. Change in course requisites                                  |
| 5. Change in course title   | 11. Change in semesters offered (department head signature only) |
| 6. Change in course credit/type   | 12. Transfer from one department to another                      |

<b>PROPOSED:</b> Subject Abbreviation NUCL Course Number 39400 Long Title PROFESSIONAL PRACTICE-5 SESSION CO-OP IV Short Title	<b>EXISTING:</b> Subject Abbreviation NUCL Course Number 39499 Long Title Short Title	<b>TERMS OFFERED</b> Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring
Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)		<b>CAMPUS(ES) INVOLVED</b> Calumet Cont Ed Ft. Wayne Indianapolis N. Central Tech Statewide <input checked="" type="checkbox"/> W. Lafayette

<b>CREDIT TYPE</b> 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 _____	<b>COURSE ATTRIBUTES: Check All That Apply</b> 1. Pass/Not Pass Only 2. Satisfactory/Unsatisfactory Only <input checked="" type="checkbox"/> 3. Repeatable Maximum Repeatable Credit: _____ 4. Credit by Examination 5. Special Fees <input checked="" type="checkbox"/> 6. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor 7. Variable Title 8. Honors 9. Full Time Privilege <input checked="" type="checkbox"/> 10. Off Campus Experience <input checked="" type="checkbox"/>
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Schedule Type	Minutes Per Mfg	Meetings Per Week	Weeks Offered	% of Credit Allocated	Cross-Listed Courses
Lecture					
Recitation					
Presentation					
Laboratory					
Lab Prep					
Studio					
Distance					
Clinic					
Experiential					
Research					
Ind. Study					
Pract/Observ					

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**  
RESTRICTIONS: Professional Practice students only  
PREREQUISITES: NUCL 39399

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 <i>4-9-09</i>	West Lafayette College School Dean _____ Date _____
	West Lafayette Registrar _____ Date _____



**PURDUE UNIVERSITY**  
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DEPARTMENT Nuclear Engineering

EFFECTIVE SESSION Fall 2009

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<b>PROPOSED:</b> Subject Abbreviation NUCL Course Number 39500 Long Title PROFESSIONAL PRACTICE 5-SESSION CO-OP V Short Title	<b>EXISTING:</b> Subject Abbreviation NUCL Course Number 39599 Long Title Short Title	<b>TERMS OFFERED</b> Check All That Apply: <input checked="" type="checkbox"/> Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Spring
Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)		<b>CAMPUS(ES) INVOLVED</b> Calumet Cont Ed Fl. Wayne Indianapolis N. Central Tech Statewide <input checked="" type="checkbox"/> W. Lafayette

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Ind. Study					
Pract/Observ					

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Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____
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West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____
_____	West Lafayette Registrar _____ Date _____



**TO:** The Engineering Faculty

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

**DATE:** March 10, 2009

**RE:** New Courses NUCL 29199, NUCL 29299, NUCL 39399, NUCL 39499,  
NUCL 39599

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

*Extensive*  
**NUCL 29199 Professional Practice ~~5-Session~~ Co-Op I**

Sem. 1, 2 or SS, cr. 0.

Restrictions: Professional Practice students only

Prerequisite: Sophomore standing or consent of instructor.

Professional experience in Nuclear Engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

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*Extensive*  
**NUCL 29299 Professional Practice ~~5-Session~~ Co-Op II**

Sem. 1, 2 or SS, cr. 0.

Restrictions: Professional Practice students only

Prerequisite: NUCL 29199

Professional experience in Nuclear Engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

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*Extensive*  
**NUCL 39399 Professional Practice ~~5-Session~~ Co-Op III**

Sem. 1, 2 or SS, cr. 0.

Restrictions: Professional Practice students only

Prerequisite: NUCL 29299

Professional experience in Nuclear Engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

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*extensive*  
**NUCL 39499 Professional Practice ~~5-Session~~ Co-Op IV**

Sem. 1, 2 or SS, cr. 0.

Restrictions: Professional Practice students only

Prerequisite: NUCL 39399

Professional experience in Nuclear Engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

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*extensive*  
**NUCL 39599 Professional Practice ~~5-Session~~ Co-Op V**

Sem. 1, 2 or SS, cr. 0.

Restrictions: Professional Practice students only

Prerequisite: NUCL39499

Professional experience in Nuclear Engineering. Program coordinated by school with cooperation of participating employers. Students submit summary report and company evaluation.

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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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Vince Bralts, Interim Head  
School of Nuclear 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

