

DEPARTMENT ECE

EFFECTIVE SESSION Fall 2006

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

- | | | | |
|--------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> | 1. New course with supporting documents | <input checked="" type="checkbox"/> | 7. Change in course attributes |
| <input type="checkbox"/> | 2. Add existing course | <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 |
| <input type="checkbox"/> | 6. Change in course credit/type | <input type="checkbox"/> | 12. Transfer from one department to another |

PROPOSED:

EXISTING:

Subject Abbreviation _____ Subject Abbreviation ECE
 Course Number _____ Course Number 559
 Long Title MOS VLSI Design
 Short Title _____

TERMS OFFERED
Check All That Apply:
 Summer Spring Fall

CAMPUS(ES) INVOLVED
 Calumet Ft. Wayne
 Indianapolis N. Central
 W.Lafayette Cont Ed
 Tech Statewide

Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

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. Satisfactory/Unsatisfactory Only
 3. Repeatable
 Maximum repeatable credit:
 4. Credit by Examination
 5. Designator Required
 6. Special Fees

7. Registration Approval Type

- Department Instructor
 8. Variable Title
 9. Remedial
 10. Honors
 11. Full Time Privilege
 12. Off Campus Experience

| Instructional Type | Minutes Per Mtg | Meetings Per Week | Weeks Offered | % of Credit Allocated | Delivery Method (Asyn. Or Syn) | Delivery Medium(Audio,Internet, Live,Text-Based, Video) |
|--------------------|-----------------|-------------------|---------------|-----------------------|--------------------------------|---|
| Lecture | | | | | | |
| Recitation | | | | | | |
| Presentation | | | | | | |
| Laboratory | | | | | | |
| Lab Prep | | | | | | |
| Studio | | | | | | |
| Distance | | | | | | |
| Clinic | | | | | | |
| Experiential | | | | | | |
| Research | | | | | | |
| Ind. Study | | | | | | |
| Pract/Observ | | | | | | |

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES):

| | | | | | |
|--|------|------------------------------------|------|-----------------------------------|------|
| 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 Chancellor | Date | Date Approved by Graduate Council | |
| West Lafayette Department Head | Date | West Lafayette College/School Dean | Date | Graduate Council Secretary | Date |
| Graduate Council Area Committee Chair | Date | Graduate Dean | Date | West Lafayette Registrar | Date |

W. L. ...
Michael J. ... 5/30/06
Marilyn D. ... 8/9/06
Sandra Schaffer
 8/14/06

Am