

MEMORANDUM

**TO:** The Engineering Faculty  
**FROM:** The Faculty of the School of Civil Engineering  
**RE:** Change in Civil Engineering Core Course Requirements

The faculty of the School of Civil Engineering has approved the following changes in the Civil Engineering core course requirements. The changes in academic requirements for the Bachelor of Science in Civil Engineering are:

- A student must earn a grade of C- or better in all core courses excluding courses required by the First Year Engineering Program
- A student must earn a grade of C- or better in a core course, excluding courses required by the First Year Engineering Program, in order to use the course as a prerequisite.
- A student shall be dismissed from the School of Civil Engineering after three attempts to complete a core course where each attempt resulted in a grade of D+, D, D-, E, F, or WF. A grade of W does not count toward the three attempts. Re-entry will be solely at the discretion of the Civil Engineering Undergraduate Committee and will be reviewed on a case-by-case basis. The Undergraduate Committee has the prerogative to set the requirements, if any, for re-entry.

The change will take effect for students entering the School of Civil Engineering in the first fall semester after approval.

This action is now submitted to the Engineering Faculty for a recommendation for approval.

**Reason:** The current requirements are a grade of D or better with no limit on the number of attempts. The Civil Engineering Faculty believes this new policy will facilitate progression toward the degree and improve competency in basic civil engineering material.

---

M. Katherine Banks, Head  
School of Civil Engineering

APPROVED FOR THE FACULTY  
OF THE SCHOOLS OF ENGINEERING  
BY THE ENGINEERING  
CURRICULUM COMMITTEE  
ECC Minutes #25  
Date 5/9/08  
Chairman ECC Michael Altowski



*file*

TO: Linda Higgins, Undergraduate Programs Coordinator  
College of Engineering

FROM: Becky Hull, Undergraduate Program Administrator *BH*  
School of **Civil Engineering**

DATE: June 4, 2010

RE: Technical Electives Requisite Changes

The attached form 40's are to update technical elective requisites that are affected by **EFD 54-07** which was passed in the spring 2008 term. Please ask Teri to sign them and send them back to me.

Thanks.



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

Print Form

DEPARTMENT Civil Engineering

EFFECTIVE SESSION Fall 2010

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

- |   |   |
|---|---|
| <input 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 checked="" type="checkbox"/> 10. Change in course requisites/restrictions          |
| <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 \_\_\_\_\_ Subject Abbreviation CE \_\_\_\_\_  
 Course Number \_\_\_\_\_ Course Number 37100 \_\_\_\_\_  
 Long Title \_\_\_\_\_  
 Short Title \_\_\_\_\_

**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**

**COURSE ATTRIBUTES: Check All That Apply**

1. Fixed Credit: Cr. Hrs.   
 2. Variable Credit Range:  
 Minimum Cr. Hrs.  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

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
lecture				
seminar				
Presentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential				
Research				
Ind. Study				
Pract/Observ				

**Cross-Listed Courses**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

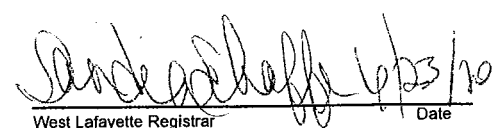
\_\_\_\_\_

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

Undergraduate level CE 27000 minimum grade of C-

**\*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 Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____

  
 West Lafayette Registrar \_\_\_\_\_ Date \_\_\_\_\_

6/16/10  
Jm



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

Print Form

DEPARTMENT Civil Engineering

EFFECTIVE SESSION Fall 2010

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

- |   |   |
|---|---|
| <input 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 checked="" type="checkbox"/> 10. Change in course requisites/restrictions          |
| <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 _____	Subject Abbreviation <u>CE</u>
Course Number _____	Course Number <u>37100</u>
Long Title _____	
Short Title _____	

**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)

<b>CREDIT TYPE</b>		<b>COURSE ATTRIBUTES: Check All That Apply</b>	
1. Fixed Credit: Cr. Hrs. <u>3</u>	2. Variable Credit Range: _____	1. Pass/Not Pass Only <input type="checkbox"/>	6. Registration Approval Type Department <input type="checkbox"/> Instructor <input type="checkbox"/>
Minimum Cr. Hrs. _____	(Check One) To <input type="checkbox"/> Or <input type="checkbox"/>	2. Satisfactory/Unsatisfactory Only <input type="checkbox"/>	7. Variable Title <input type="checkbox"/>
Maximum Cr. Hrs. _____	3. Repeatable <input type="checkbox"/>	Maximum Repeatable Credit: _____	8. Honors <input type="checkbox"/>
3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Credit by Examination <input type="checkbox"/>	5. Special Fees <input type="checkbox"/>	9. Full Time Privilege <input type="checkbox"/>
			10. Off Campus Experience <input type="checkbox"/>

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture	_____	_____	_____	_____
Recitation	_____	_____	_____	_____
Presentation	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
Lab Prep	_____	_____	_____	_____
Studio	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Clinic	_____	_____	_____	_____
Experiential	_____	_____	_____	_____
Research	_____	_____	_____	_____
Ind. Study	_____	_____	_____	_____
Pract/Observ	_____	_____	_____	_____

**Cross-Listed Courses**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**  
Undergraduate level CE 27000 minimum grade of C-

**\*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 _____
Central Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
<i>MK B...</i> 6/03/10 West Lafayette Department Head _____ Date _____	<i>Michael E. Davis</i> 6/10/10 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

Office of the Registrar  
FORM 40 REV. 4/10

DEPARTMENT Civil Engineering

EFFECTIVE SESSION Fall 2010

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

- |   |   |
|---|---|
| <input type="checkbox"/> 1. New course with supporting documents          | <input type="checkbox"/> 7. Change in course attributes (department head signature only)  |
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| <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 checked="" type="checkbox"/> 10. Change in course requisites/restrictions          |
| <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 \_\_\_\_\_ Subject Abbreviation CE \_\_\_\_\_  
 Course Number \_\_\_\_\_ Course Number 38300 \_\_\_\_\_  
 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.   
 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				
simulation				
Presentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential				
Research				
Ind. Study				
Pract/Observ				

Cross-Listed Courses

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

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Undergraduate level CE 34000 minimum grade of C- (may be taken concurrently)

\*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 Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
West Lafayette Department Head <i>MK Bus</i> _____ Date <i>5/03/10</i>	West Lafayette College/School Dean <i>Michael J. ...</i> _____ Date <i>6/10/10</i>

*Sandra R. ...* \_\_\_\_\_ Date *6/23/10*  
 West Lafayette Registrar

*6/11/10*  
*[Signature]*



DEPARTMENT Civil Engineering

EFFECTIVE SESSION Fall 2010

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

- |   |   |
|---|---|
| <input 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 checked="" type="checkbox"/> 10. Change in course requisites/restrictions          |
| <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:**

**TERMS OFFERED**  
Check All That Apply:

Summer  Fall  Spring

**CAMPUS(ES) INVOLVED**

Calumet  N. Central  
 Cont Ed  Tech Statewide  
 Ft. Wayne  W. Lafayette  
 Indianapolis

Subject Abbreviation \_\_\_\_\_ Subject Abbreviation CE  
 Course Number \_\_\_\_\_ Course Number 38300  
 Long Title \_\_\_\_\_  
 Short Title \_\_\_\_\_

Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)

**CREDIT TYPE**

1. Fixed Credit: Cr. Hrs. 3  
 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				
Research				
Ind. Study				
Pract/Observ				

**Cross-Listed Courses**

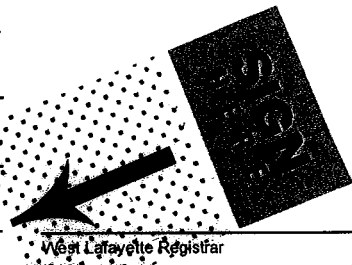
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Undergraduate level CE 34000 minimum grade of C- (may be taken concurrently)

**\*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 _____
Central Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
<u>MK Bus</u> _____ Date <u>5/03/10</u>	<u>Michael J. ...</u> _____ Date <u>6/10/10</u>
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____





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

Print Form

DEPARTMENT Civil Engineering

EFFECTIVE SESSION Fall 2010

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

- |   |   |
|---|---|
| <input 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 checked="" type="checkbox"/> 10. Change in course requisites/restrictions          |
| <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 _____	Subject Abbreviation <u>CE</u>
Course Number _____	Course Number <u>40800</u>
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)

<b>CREDIT TYPE</b>	<b>COURSE ATTRIBUTES: Check All That Apply</b>	
1. Fixed Credit: Cr. Hrs. <u>3</u>	<input type="checkbox"/> 1. Pass/Not Pass Only	<input type="checkbox"/> 6. Registration Approval Type
2. Variable Credit Range: Minimum Cr. Hrs _____ (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> Maximum Cr. Hrs. _____	<input type="checkbox"/> 2. Satisfactory/Unsatisfactory Only	Department <input type="checkbox"/> Instructor <input type="checkbox"/>
3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> 3. Repeatable	<input type="checkbox"/> 7. Variable Title
	Maximum Repeatable Credit: _____	<input type="checkbox"/> 8. Honors
	<input type="checkbox"/> 4. Credit by Examination	<input type="checkbox"/> 9. Full Time Privilege
	<input type="checkbox"/> 5. Special Fees	<input type="checkbox"/> 10. Off Campus Experience

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated	Cross-Listed Courses _____ _____ _____ _____
Lecture	_____	_____	_____	_____	
Discussion	_____	_____	_____	_____	
Presentation	_____	_____	_____	_____	
Laboratory	_____	_____	_____	_____	
Lab Prep	_____	_____	_____	_____	
Studio	_____	_____	_____	_____	
Distance	_____	_____	_____	_____	
Clinic	_____	_____	_____	_____	
Experiential	_____	_____	_____	_____	
Research	_____	_____	_____	_____	
Ind. Study	_____	_____	_____	_____	
Pract/Observ	_____	_____	_____	_____	

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**  
 Undergraduate level MA 26100 Minimum Grade of C- or Undergraduate level MA 17200 Minimum Grade of C- or Undergraduate level MA 27100 Minimum Grade of C- or Undergraduate level MA 18200 Minimum Grade of C- or Undergraduate level MA 17400 Minimum Grade of C- or Undergraduate level MA 26300 Minimum Grade of C-

\*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 Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
West Lafayette Department Head <u>MKB</u> <u>6/03/10</u>	West Lafayette College/School Dean <u>[Signature]</u> <u>6/10/10</u>
	West Lafayette Registrar <u>[Signature]</u> <u>6/23/10</u>

611410  
2



**PURDUE UNIVERSITY**  
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Print Form

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- |   |   |
|---|---|
| <input 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 checked="" type="checkbox"/> 10. Change in course requisites/restrictions          |
| <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 \_\_\_\_\_

Subject Abbreviation CE

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

Course Number 40800

Long Title \_\_\_\_\_

Short Title \_\_\_\_\_

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. 3
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 type="checkbox"/> 2. Satisfactory/Unsatisfactory Only | Department <input type="checkbox"/> Instructor <input 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 type="checkbox"/>                         |
| <input type="checkbox"/> 5. Special Fees                     | 10. Off Campus Experience <input type="checkbox"/>                      |

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture	_____	_____	_____	_____
Recitation	_____	_____	_____	_____
Presentation	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
Lab Prep	_____	_____	_____	_____
Studio	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Clinic	_____	_____	_____	_____
Experiential	_____	_____	_____	_____
Research	_____	_____	_____	_____
Ind. Study	_____	_____	_____	_____
Pract/Observ	_____	_____	_____	_____

**Cross-Listed Courses**

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

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

Undergraduate level MA 26100 Minimum Grade of C- or Undergraduate level MA 17200 Minimum Grade of C- or Undergraduate level MA 27100 Minimum Grade of C- or Undergraduate level MA 18200 Minimum Grade of C- or Undergraduate level MA 17400 Minimum Grade of C- or Undergraduate level MA 26300 Minimum Grade of C-

**\*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 _____
Central Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
<i>MKB</i> West Lafayette Department Head _____ Date <u>6/03/10</u>	<i>Michael T. Harris</i> West Lafayette College/School Dean _____ Date _____

West Lafayette Registrar \_\_\_\_\_ Date \_\_\_\_\_





**PURDUE UNIVERSITY**

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(10000-40000 LEVEL)

Print Form

Office of the Registrar  
FORM 40 REV. 4/10

ARTMENT Civil Engineering

EFFECTIVE SESSION Fall 2010

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

- |   |   |
|---|---|
| <input type="checkbox"/> 1. New course with supporting documents          | <input type="checkbox"/> 7. Change in course attributes (department head signature only)  |
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| <input type="checkbox"/> 4. Change in course number                       | <input checked="" type="checkbox"/> 10. Change in course requisites/restrictions          |
| <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 \_\_\_\_\_

Subject Abbreviation CE

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

Course Number 44000

Long Title \_\_\_\_\_

Short Title \_\_\_\_\_

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**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.
2. Variable Credit Range:  
 Minimum Cr. Hrs.  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				
.tation				
resentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential				
Research				
Ind. Study				
Pract/Observ				

**Cross-Listed Courses**

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

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

Undergraduate level CE 34000 minimum grade of C-

**\*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 Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
West Lafayette Department Head <i>M. K. B...</i> 6/03/10 _____ Date _____	West Lafayette College/School Dean <i>Michael C. ...</i> 6/01/10 _____ Date _____

*Sandra Schaff* 6/23/10  
 West Lafayette Registrar \_\_\_\_\_ Date \_\_\_\_\_

OFFICE OF THE REGISTRAR

6116110



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

**Print Form**

DEPARTMENT Civil Engineering

EFFECTIVE SESSION Fall 2010

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

- |   |   |
|---|---|
| <input 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 checked="" type="checkbox"/> 10. Change in course requisites/restrictions          |
| <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 _____	Subject Abbreviation <u>CE</u>
Course Number _____	Course Number <u>44000</u>
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)

<b>CREDIT TYPE</b>		<b>COURSE ATTRIBUTES: Check All That Apply</b>	
1. Fixed Credit: Cr. Hrs. <u>3</u>	2. Variable Credit Range: Minimum Cr. Hrs. _____ (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> Maximum Cr. Hrs. _____	1. Pass/Not Pass Only <input type="checkbox"/>	6. Registration Approval Type Department <input type="checkbox"/> Instructor <input type="checkbox"/>
3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Repeatable <input type="checkbox"/>	2. Satisfactory/Unsatisfactory Only <input type="checkbox"/>	7. Variable Title <input type="checkbox"/>
	4. Credit by Examination <input type="checkbox"/>	3. Repeatable <input type="checkbox"/>	8. Honors <input type="checkbox"/>
	5. Special Fees <input type="checkbox"/>	4. Credit by Examination <input type="checkbox"/>	9. Full Time Privilege <input type="checkbox"/>
		5. Special Fees <input type="checkbox"/>	10. Off Campus Experience <input type="checkbox"/>

ScheduleType	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture				
tation				
sensation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential				
Research				
Ind. Study				
Pract/Observ				

**Cross-Listed Courses**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**  
Undergraduate level CE 34000 minimum grade of C-

**\*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 _____
Central Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
<i>M.K. Re</i> West Lafayette Department Head <u>6/03/10</u> Date	<i>Michael E. Harris</i> West Lafayette College/School Dean <u>6/03/10</u> Date
West Lafayette Registrar _____	Date _____



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

**Print Form**

DEPARTMENT Civil Engineering

EFFECTIVE SESSION Fall 2010

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

- |   |   |
|---|---|
| <input 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 checked="" type="checkbox"/> 10. Change in course requisites/restrictions          |
| <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 \_\_\_\_\_  
Course Number \_\_\_\_\_  
Long Title \_\_\_\_\_  
Short Title \_\_\_\_\_

**EXISTING:**

Subject Abbreviation CE  
Course Number 44300

**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. 3  
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
Lecture	_____	_____	_____	_____
Recitation	_____	_____	_____	_____
Presentation	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
Lab Prep	_____	_____	_____	_____
Studio	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Clinic	_____	_____	_____	_____
Experiential	_____	_____	_____	_____
Research	_____	_____	_____	_____
Ind. Study	_____	_____	_____	_____
Pract/Observ	_____	_____	_____	_____

**Cross-Listed Courses**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Undergraduate level CE 34000 minimum grade of C-

**\*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 Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____

*Sandra Schaffner* 6/23/10  
West Lafayette Registrar Date

6/16/10  
✓



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

**Print Form**

DEPARTMENT Civil Engineering

EFFECTIVE SESSION Fall 2010

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

- |   |   |
|---|---|
| <input 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 checked="" type="checkbox"/> 10. Change in course requisites/restrictions          |
| <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 \_\_\_\_\_

Subject Abbreviation CE

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

Course Number 44300

Long Title \_\_\_\_\_

Short Title \_\_\_\_\_

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. 3
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"/> | <input type="checkbox"/> 6. Registration Approval Type | <input type="checkbox"/>            |
| <input type="checkbox"/> 2. Satisfactory/Unsatisfactory Only | <input type="checkbox"/> | Department <input type="checkbox"/>                    | Instructor <input type="checkbox"/> |
| <input type="checkbox"/> 3. Repeatable                       | <input type="checkbox"/> | <input type="checkbox"/> 7. Variable Title             | <input type="checkbox"/>            |
| Maximum Repeatable Credit: _____                             | <input type="checkbox"/> | <input type="checkbox"/> 8. Honors                     | <input type="checkbox"/>            |
| <input type="checkbox"/> 4. Credit by Examination            | <input type="checkbox"/> | <input type="checkbox"/> 9. Full Time Privilege        | <input type="checkbox"/>            |
| <input type="checkbox"/> 5. Special Fees                     | <input type="checkbox"/> | <input type="checkbox"/> 10. Off Campus Experience     | <input type="checkbox"/>            |

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture	_____	_____	_____	_____
Recitation	_____	_____	_____	_____
Presentation	_____	_____	_____	_____
Laboratory	_____	_____	_____	_____
Lab Prep	_____	_____	_____	_____
Studio	_____	_____	_____	_____
Distance	_____	_____	_____	_____
Clinic	_____	_____	_____	_____
Experiential	_____	_____	_____	_____
Research	_____	_____	_____	_____
Ind. Study	_____	_____	_____	_____
Pract/Observ	_____	_____	_____	_____

**Cross-Listed Courses**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Undergraduate level CE 34000 minimum grade of C-

**\*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 _____
Central Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
<i>M.K. Bayne</i> 6/03/10 West Lafayette Department Head _____ Date _____	<i>Yvonne G. Harris</i> 6/10/10 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**

DEPARTMENT Civil Engineering

EFFECTIVE SESSION Fall 2010

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

- |   |   |
|---|---|
| <input 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 checked="" type="checkbox"/> 10. Change in course requisites/restrictions          |
| <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>		<b>TERMS OFFERED</b> Check All That Apply:	
Subject Abbreviation _____	Subject Abbreviation <u>CE</u>	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	<input checked="" type="checkbox"/> Spring	
Course Number _____	Course Number <u>45700</u>	<b>CAMPUS(ES) INVOLVED</b>			
Long Title _____		<input type="checkbox"/> Calumet	<input type="checkbox"/> N. Central	<input type="checkbox"/> Cont Ed	<input type="checkbox"/> Tech Statewide
Short Title _____		<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)

<b>CREDIT TYPE</b>		<b>COURSE ATTRIBUTES: Check All That Apply</b>	
1. Fixed Credit: Cr. Hrs. <input type="text" value="3"/>	2. Variable Credit Range: Minimum Cr. Hrs. <input type="text"/> To <input type="text"/> Or <input type="text"/> Maximum Cr. Hrs. <input type="text"/>	1. Pass/Not Pass Only <input type="checkbox"/>	2. Satisfactory/Unsatisfactory Only <input type="checkbox"/>
3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Repeatable <input type="checkbox"/> Maximum Repeatable Credit: <input type="text"/>	3. Repeatable <input type="checkbox"/>	3. Repeatable <input type="checkbox"/>
	4. Credit by Examination <input type="checkbox"/>	4. Credit by Examination <input type="checkbox"/>	4. Credit by Examination <input type="checkbox"/>
	5. Special Fees <input type="checkbox"/>	5. Special Fees <input type="checkbox"/>	5. Special Fees <input type="checkbox"/>
		6. Registration Approval Type	6. Registration Approval Type
		Department <input type="checkbox"/>	Instructor <input type="checkbox"/>
		7. Variable Title <input type="checkbox"/>	7. Variable Title <input type="checkbox"/>
		8. Honors <input type="checkbox"/>	8. Honors <input type="checkbox"/>
		9. Full Time Privilege <input type="checkbox"/>	9. Full Time Privilege <input type="checkbox"/>
		10. Off Campus Experience <input type="checkbox"/>	10. Off Campus Experience <input type="checkbox"/>

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated	Cross-Listed Courses
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):  
  
Undergraduate level CE 34000 minimum grade of C-

\*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 Faculty Senate Chair _____ Date _____	Vice Chancellor for Academic Affairs _____ Date _____
<u>Mik B...</u> _____ Date <u>6/03/10</u>	<u>Michael J. ...</u> _____ Date <u>6/10/10</u>
West Lafayette Department Head _____ Date _____	West Lafayette Registrar <u>Sandra Schaffler</u> _____ Date <u>6/23/10</u>

*6/16/10*



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

Print Form

DEPARTMENT Civil Engineering

EFFECTIVE SESSION Fall 2010

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

- |   |   |
|---|---|
| <input 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 checked="" type="checkbox"/> 10. Change in course requisites/restrictions          |
| <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 \_\_\_\_\_ Subject Abbreviation CE  
 Course Number \_\_\_\_\_ Course Number 45700  
 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**

**COURSE ATTRIBUTES: Check All That Apply**

1. Fixed Credit: Cr. Hrs. 3  
 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

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

**Cross-Listed Courses**

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

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

Undergraduate level CE 34000 minimum grade of C-

**\*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 \_\_\_\_\_

Central Faculty Senate Chair \_\_\_\_\_ Date \_\_\_\_\_

Vice Chancellor for Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_

*MIS Bondy* 6/03/10  
 West Lafayette Department Head \_\_\_\_\_ Date \_\_\_\_\_

*Michael Y. Tolia* 6/10/10  
 West Lafayette College/School Dean \_\_\_\_\_ Date \_\_\_\_\_

West Lafayette Registrar \_\_\_\_\_

Date \_\_\_\_\_



**PURDUE UNIVERSITY**  
REQUEST FOR ADDITION, EXPIRATION,  
OR REVISION OF AN UNDERGRADUATE COURSE  
(100-400 LEVEL)

Print Form

DEPARTMENT Engineering

EFFECTIVE SESSION ~~Fall 2007~~ Spring 2008

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 CE

Course Number 315

Long Title Civil Engineering Materials

Short Title Civil Engng Materials

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

**EXISTING:**

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

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

**TERMS OFFERED**

Check All That Apply:

Summer  Fall  Spring

**CAMPUS(ES) INVOLVED**

Calumet  
 Cont Ed  
 Ft. Wayne  
 Indianapolis  
 N. Central  
 Tech Statewide  
 W. Lafayette

**CREDIT TYPE**

1. Fixed Credit: Cr. Hrs. 3
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	75	2	16	100	Synchronized	

**Cross-Listed Courses**

- Presentation
- Laboratory
- Lab Prep
- Studio
- Distance
- Clinic
- Experiential
- Research
- Ind. Study
- Pract/Observ

**COURSE DESCRIPTION (INCLUDE REQUISITES):**

P: CE 252. Study the nature and performance of civil engineering materials and evaluation of their physical and mechanical properties. This course focuses on materials used in construction and maintenance of buildings and infrastructure such as ferrous and nonferrous metals, aggregates, Portland cement, concrete, masonry, asphalt and asphalt mixtures, wood and composites. Emphasis will be placed on selection criteria, design, applications and proper use of these materials.

Calumet Department Head \_\_\_\_\_ Date \_\_\_\_\_ Calumet School Dean \_\_\_\_\_ Date \_\_\_\_\_

Carlos Romalizo 11/27/07 [Signature] 11-27-07  
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] 1/14/08  
West Lafayette Registrar \_\_\_\_\_ Date \_\_\_\_\_

[Signature] 1/29/08  
West Lafayette Registrar \_\_\_\_\_ Date \_\_\_\_\_

11/29/08  
[Signature]

