

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

Print Form

EFD55-09

DEPARTMENT School of Industrial Engineering

EFFECTIVE SESSION Fall 2009 *SP 2011*

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:

EXISTING:

Subject Abbreviation IE _____ Subject Abbreviation _____
 Course Number 39699 _____ Course Number _____
 Long Title Professional Practice Internship _____
 Short Title *Prof Practice Internship* _____

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
 (Check One) 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

ScheduleType	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture				
Recitation				
Presentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential	<input checked="" type="checkbox"/>			
Research				
Ind. Study				
Pract/Observ				

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

Sem. 1 and 2. SS. Cr. 0.
 Restriction: Departmental approval required. May be repeated for credit.
 Professional practice with qualified employers within industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

***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 Department Head _____ Date _____	North Central Chancellor _____ Date _____
<input checked="" type="checkbox"/> West Lafayette Department Head _____ Date _____	<input checked="" type="checkbox"/> West Lafayette College/School Dean _____ Date _____

Janda Schaffer 11/21/10
 West Lafayette Registrar _____ Date _____

11/10

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PROPOSED: Subject Abbreviation IE _____ Course Number 39699 Long Title Professional Practice Internship Short Title _____	EXISTING: Subject Abbreviation _____ Course Number _____	TERMS OFFERED 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)		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

CREDIT TYPE 1. Fixed Credit: Cr. Hrs. <input type="text" value="0"/> 2. Variable Credit Range: Minimum Cr. Hrs. <input type="text"/> To <input type="text"/> Or <input type="text"/> Maximum Cr. Hrs. <input type="text"/> 3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	COURSE ATTRIBUTES: Check All That Apply 1. Pass/Not Pass Only <input type="checkbox"/> 2. Satisfactory/Unsatisfactory Only <input type="checkbox"/> 3. Repeatable <input type="checkbox"/> Maximum Repeatable Credit: <input type="text"/> 4. Credit by Examination <input type="checkbox"/> 5. Special Fees <input checked="" type="checkbox"/> 6. Registration Approval Type Department <input checked="" type="checkbox"/> Instructor <input type="checkbox"/> 7. Variable Title <input type="checkbox"/> 8. Honors <input type="checkbox"/> 9. Full Time Privilege <input checked="" type="checkbox"/> 10. Off Campus Experience <input checked="" type="checkbox"/>
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Lab Prep					
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Distance					
Clinic					
Experiential	<input checked="" type="checkbox"/>				
Research					
Ind. Study					
Pract/Observ					

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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 _____
<input checked="" type="checkbox"/> West Lafayette Department Head _____ Date _____	<input checked="" type="checkbox"/> West Lafayette College/School Dean _____ Date _____
	West Lafayette Registrar _____ Date _____

TO: The Engineering Faculty

FROM: The Faculty of the School of Industrial Engineering

RE: New Course: IE 39699

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

IE 39699 Professional Practice Internship

Sem. 1 and 2. SS. Cr. 0.

Restriction: Departmental approval required. May be repeated for credit.

Professional practice with qualified employers within industry, government, or small business and a comprehensive written report of this practice. Permission of instructor required.

REASON: To maintain consistent course numbers and titles for Professional Practice courses throughout all disciplines participating in the Professional Practice Programs.

Joseph F. Pekny, Interim Head
School of Industrial 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

