

TO: The Faculty of the College of Engineering
FROM: The Faculty of Agricultural and Biological Engineering
RE: Deletion of ABE 55500

The faculty of the Department of Agricultural and Biological Engineering have approved the deletion of the following course. This action is now submitted to the Engineering Faculty with a recommendation for approval.

ABE 55500 Biological and Food Processing Unit Operations

Sem 1. Class 3, Lab 2, Cr. 4

Prerequisites: CHE 37800

Analysis and design of operations, such as sterilization, freezing, dehydration, fermentation, and separation processes. Integration of pilot plant results into the design and scale-up process systems. Emphasis on how the properties of biological materials influence the quality of the processed product.

Reason: This course is being replaced by ABE 55700 (3 credits) which will include the most essential information from ABE 55500 course. The reduction in course content and credit hours will help the Department meet the 128 credit constraint for the Biological Engineering plan of study.



Bernard A. Engel, Professor and Head
Agricultural and Biological Engineering Department

APPROVED FOR THE FACULTY
OF THE SCHOOLS OF ENGINEERING
BY THE ENGINEERING
CURRICULUM COMMITTEE

ECC Minutes #13

Date 5/10/2013

Chairman ECC Jeffrey H. [Signature]

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

EFD 58-13

DEPARTMENT Agricultural and Biological Engineering EFFECTIVE SESSION Spring 2013

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 checked="" 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/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 Biological and Food Processing Unit Operations

Short Title

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

EXISTING:

Subject Abbreviation ABE

Course Number 55500

TERMS OFFERED

Check All That Apply:

Fall Spring Summer

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.
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):

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 *[Signature]* _____ Date _____

West Lafayette Registrar _____ Date _____