

DEPARTMENT School of Electrical and Computer Engineering

DATE SUBMITTED 11/16/2001

DATE EFFECTIVE 1/7/2002

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

PURPOSE

- | | |
|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Deletion of a course <input type="checkbox"/> 2. New course with supporting documents <input type="checkbox"/> 3. Add existing course offered at another campus <input type="checkbox"/> 4. Change in course number at same level <input type="checkbox"/> 5. Downgrading of course level <input type="checkbox"/> 6. Upgrading of course level <input type="checkbox"/> 7. Change in course title | <ul style="list-style-type: none"> <input type="checkbox"/> 8. Change in semesters offered <input type="checkbox"/> 9. Change in course credit/type <input type="checkbox"/> 10. Change in course attributes <input type="checkbox"/> 11. Change in instructional hours <input type="checkbox"/> 12. Change in prerequisites <input type="checkbox"/> 13. Change in description of course content <input type="checkbox"/> 14. Transfer of course from one dept. to another |
|---|--|

EXISTING:

PROPOSED:

SEMESTERS OFFERED

Subject Abbreviation EE Subject Abbreviation _____
 Course Number 585 Course Number _____
 Proposed Title Real-Time Robot Control Laboratory
 Variable Title Yes No

Check All That Apply.
 Summer Fall Ag Winter Spring

Abbreviated Title

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

CROSS LISTED COURSES

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. Repeatable for Credit
 - 3. Available for Credit by Examination
 - 4. Designator Required
 - 5. Special Fees
 - 6. Approval Required for Enrollment
- Department _____
 Instructor _____

Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE
Primary	<u>1</u>		Auto-tutorial			Thesis		
Secondary	<u>6</u>		Ind. Study			Observation		
Laboratory			Clinic			Matts Based		
Lab. Prep.			Experiential					

CAMPUS(ES) INVOLVED

- Calumet
- Fort Wayne
- Indianapolis
- North Central
- West Lafayette
- Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

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 <i>C.D. Sutton</i> Apr. for Faculty #960 C.D. Sutton, Chair 3/1/02	Date
Indianapolis Department Head	Date	Indianapolis School Dean	Date	Undergrad Curriculum Committee	Date
North Central Department Head	Date	North Central Vice Chancellor	Date	Date Approved by Graduate Council	
West Lafayette Department Head <i>L. K. B...</i>	Date <u>1/16/01</u>	West Lafayette School Dean <i>L. J. Wiggins</i>	Date <u>1/16/01</u>	Graduate Council Secretary <i>Marilyn D. Leist</i>	Date <u>4/26/02</u>
Graduate Area Committee Convenor <i>Phillip E. Pope</i>	Date <u>4/16/02</u>	Graduate Dean <i>Mary E. ...</i>	Date <u>4/26/02</u>	West Lafayette Registrar <i>Debra Sheets</i>	Date <u>5/2/02</u>

