

DEPARTMENT School of Civil Engineering

DATE SUBMITTED 01-18-01

DATE EFFECTIVE 08-2001

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

PURPOSE

- | | |
|---|---|
| <input type="checkbox"/> 1. Deletion of a course | <input type="checkbox"/> 8. Change in semesters offered |
| <input type="checkbox"/> 2. New course with supporting documents | <input type="checkbox"/> 9. Change in course credit/type |
| <input type="checkbox"/> 3. Add existing course offered at another campus | <input type="checkbox"/> 10. Change in course attributes |
| <input type="checkbox"/> 4. Change in course number at same level | <input checked="" type="checkbox"/> 11. Change in instructional hours |
| <input type="checkbox"/> 5. Downgrading of course level | <input type="checkbox"/> 12. Change in prerequisites |
| <input type="checkbox"/> 6. Upgrading of course level | <input type="checkbox"/> 13. Change in description of course content |
| <input checked="" type="checkbox"/> 7. Change in course title | <input type="checkbox"/> 14. Transfer of course from one dept. to another |

EXISTING:

PROPOSED:

SEMESTERS OFFERED

Subject Abbreviation CE Course Number 333

Subject Abbreviation CE Course Number 333

Check All That Apply.
Summer Fall Ag Winter Spring

Proposed Title Civil Engineering Materials
Variable Title Yes No

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

CROSS LISTED COURSES

CREDIT TYPE

COURSE ATTRIBUTES: Check All That Apply.

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

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	2		Auto-tutorial			Thesis		
Secondary			Ind. Study			Observation		
Laboratory	3		Clinic			Matls Based		
Lab. Prep.			Experiential					

CAMPUS(ES) INVOLVED

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

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Sem. 2, Class 2, lab. 3, cr. 3. Prerequisite or corequisite: a course in mechanics of materials

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 <u>C.D. Sutton</u> #943 Appr. for Faculty C.D. Sutton, Chair 2/7/01
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 <u>Jaasf Cooper</u> 13 Jan 01 _____ Date	West Lafayette School Dean <u>Z. J. Wagner</u> 2 Feb 01 _____ Date	Graduate Council Secretary <u>Debra Shueb</u> 2/21/01 _____ Date
Graduate Area Committee Convener _____ Date	Graduate Dean _____ Date	West Lafayette Registrar _____ Date