

DEPARTMENT School of Civil Engineering DATE SUBMITTED 00-00-2000 DATE EFFECTIVE 00-00-2000

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 checked="" 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 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 type="checkbox"/> 7. Change in course title | <input type="checkbox"/> 14. Transfer of course from one dept. to another |

EXISTING: Subject Abbreviation _____ Course Number _____ Proposed Title <u>Professional Internship</u> Variable Title Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	PROPOSED: Subject Abbreviation <u>CE</u> Course Number <u>397</u> Abbreviated Title <u>Professional Internshi</u> <small>Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)</small>	SEMESTERS OFFERED Check All That Apply. Summer <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Ag Winter <input type="checkbox"/> Spring <input checked="" type="checkbox"/>
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CROSS LISTED COURSES _____ _____ _____	CREDIT TYPE 1. Fixed Credit: Cr. Hrs. <u>0</u> 2. Variable Credit Range: Minimum Cr. Hrs _____ (Check One) To _____ Or _____ Maximum Cr. Hrs. _____ 3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/> 4. Thesis Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	COURSE ATTRIBUTES: Check All That Apply. 1. Pass/Not Pass Only <input checked="" type="checkbox"/> 2. Repeatable for Credit <input checked="" type="checkbox"/> 3. Available for Credit by Examination <input type="checkbox"/> 4. Designator Required <input type="checkbox"/> 5. Special Fees <input type="checkbox"/> 6. Approval Required for Enrollment <input type="checkbox"/> Department _____ Instructor _____
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Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	CAMPUS(ES) INVOLVED
Primary			Auto-tutorial			Thesis			Calumet <input type="checkbox"/>
Secondary			Ind. Study			Observation			Fort Wayne <input type="checkbox"/>
Laboratory			Clinic			Mats Based			Indianapolis <input type="checkbox"/>
Lab. Prep.			Experiential	<u>0</u>	<u>0</u>				North Central <input type="checkbox"/>
									West Lafayette <input checked="" type="checkbox"/>
									Off Campus <input type="checkbox"/>

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 <u>C.D. Sutton</u> #938 Date <u>12/6/00</u> Appr. for Faculty C.D. Sutton, Chair
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 _____
<u>David Lopez</u> 16 Nov 00 West Lafayette Department Head _____ Date _____	<u>L.J. McCann</u> 9 Dec 00 West Lafayette School Dean _____ Date _____	Graduate Council Secretary <u>Debra Sheets</u> 12/15/00 Date _____
Graduate Area Committee Convener _____ Date _____	Graduate Dean _____ Date _____	West Lafayette Registrar _____ Date _____