

DEPARTMENT Agricultural and Biological Engineering

DATE SUBMITTED 5/9/01

DATE EFFECTIVE Summer '01

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

PURPOSE

- | | |
|---|---|
| <input checked="" 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 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:

PROPOSED:

SEMESTERS OFFERED

Subject Abbreviation ABE Subject Abbreviation _____
Course Number 475 Course Number _____

Check All That Apply.
Summer Fall Ag Winter Spring

Proposed Title Structural Design
Variable Title Yes No

Abbreviated Title _____
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.

- Fixed Credit: Cr. Hrs. _____
- Variable Credit Range:
Minimum Cr. Hrs. _____
(Check One) To Or
Maximum Cr. Hrs. _____
- Equivalent Credit: Yes No
- Thesis Credit: Yes No

- Pass/Not Pass Only
- Repeatable for Credit
- Available for Credit by Examination
- Designator Required
- Special Fees
- Approval Required for Enrollment
Department _____
Instructor _____

Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE	Instructional Type	Class Hours	FTE
Primary	_____	_____	Auto-tutorial	_____	_____	Thesis	_____	_____
Secondary	_____	_____	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 <u>E. D. Sutton</u> Date _____ Appr. for Faculty #944 C.D. Sutton, Chair 2/14/01
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
North Central Department Head _____ Date _____	<u>Karl A. Brantlett</u> 5/10/01 North Central Vice Chancellor Dean - Ag _____ Date _____	Date Approved by Graduate Council _____
<u>Deborah B...</u> 5-9-01 West Lafayette Department Head _____ Date _____	<u>L. J. Huggins</u> 2/27/01 West Lafayette School Dean _____ Date _____	Graduate Council Secretary _____ Date _____
Graduate Area Committee Convener _____ Date _____	Graduate Dean _____ Date _____	<u>Debra Sheets</u> 5/30/01 West Lafayette Registrar _____ Date _____