

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 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 checked="" 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:

Subject Abbreviation ABE Course Number 290

Subject Abbreviation ABE Course Number 290

Proposed Title Sophomore Seminar

Variable Title Yes No

Abbreviated Title Sophomore Seminar

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

SEMESTERS OFFERED

Check All That Apply.

Summer Fall Ag Winter Spring

CROSS LISTED COURSES

CREDIT TYPE

- Fixed Credit: Cr. Hrs. 1
- Variable Credit Range:
Minimum Cr. Hrs _____
(Check One) To _____ Or _____
Maximum Cr. Hrs _____
- Equivalent Credit: Yes No
- Thesis Credit: Yes No

COURSE ATTRIBUTES: Check All That Apply.

- 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 | <u>2</u> | | Auto-tutorial | | | Thesis | | |
| Secondary | | | Ind. Study | | | Observation | | |
| Laboratory | | | Clinic | | | Matis Based | | |
| Lab. Prep. | | | Experiential | | | | | |

CAMPUS(ES) INVOLVED

- Calumet
Fort Wayne
Indianapolis
North Central
West Lafayette
Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Sem. 1. Class 2, cr. 1.
Current agricultural and biological engineering issues will be discussed by students, staff, and guest speakers. Career planning, employment opportunities, professionalism, ethics, and improvement of communication skills will be emphasized.

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|---|---|--|
| 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> #944 Date <u>2/14/01</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 _____ | <u>Karl A. Brandt</u> 5/10/01 North Central Vice-Chancellor - Dean - Ag _____ Date _____ | Date Approved by Graduate Council _____ |
| <u>James B. ...</u> 5-9-01 West Lafayette Department Head _____ Date _____ | <u>X. J. ...</u> 22 March West Lafayette School Dean - Engr _____ Date _____ | Graduate Council Secretary _____ Date _____ |
| Graduate Area Committee Convener _____ Date _____ | Graduate Dean _____ Date _____ | <u>Debra Shute</u> 5/29/01 West Lafayette Registrar _____ Date _____ |