

DEPARTMENT School of Electrical & Computer Engineering DATE SUBMITTED 2/27/2003 DATE EFFECTIVE Fall 2003

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:

Subject Abbreviation ECE
Course Number 651

PROPOSED:

Subject Abbreviation _____
Course Number _____

SEMESTERS OFFERED

Check All That Apply.

Summer Fall Ag Winter Spring

Proposed Title _____

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

- 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

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

CAMPUS(ES) INVOLVED

Calumet
Fort Wayne
Indianapolis
North Central
West Lafayette
Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Retain at Indianapolis.

| | | |
|---|---|---|
| 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>Michael Zoltowski</u> #969 Date _____ Apr. for Faculty _____ M.D. Zoltowski, Chair _____ 2/26/03 |
| 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 _____ Date _____ | West Lafayette School Dean _____ Date _____ | Graduate Council Secretary <u>Maureen D. Smith</u> 6/17/03 Date _____ |
| Graduate Area Committee Convener _____ Date _____ | Graduate Dean <u>Phillip E. Pope</u> 5/19/03 Date _____ | West Lafayette Registrar <u>Debra Sheets</u> Date _____ |

CERTIFYING OFFICIAL

PURDUE UNIVERSITY
REQUEST FOR ADDITION, DELETION,
OR REVISION OF A COURSE

SCHOOL DOCUMENT NO. EFD7-02

GRADUATE COUNCIL DOCUMENT NO. _____

DEPARTMENT School of Electrical & Computer Engineering DATE SUBMITTED 2/27/2003 DATE EFFECTIVE Fall 2003

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| <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 ECE
Course Number 652

PROPOSED:

Subject Abbreviation _____
Course Number _____

SEMESTERS OFFERED

Check All That Apply.
Summer Fall Ag Winter Spring

Proposed Title _____
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

- 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

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 | 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 | | | | | | North Central <input type="checkbox"/> |
| | | | | | | | | | West Lafayette <input checked="" type="checkbox"/> |
| | | | | | | | | | Off Campus <input type="checkbox"/> |

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Retain at Calumet, Fort Wayne, and Indianapolis.

| | | | | | |
|---|------------------|---|-----------------|--|-----------------|
| 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>Michael J. Zoltowski</i> Apr. for Faculty #969 M.D. Zoltowski, Chair 2/26/03 | Date |
| Indianapolis Department Head | Date | Indianapolis School Dean | Date | Undergrad Curriculum Committee | Date |
| North Central Department Head <i>Mary J. Smith</i> | Date 02/28/03 | North Central Vice Chancellor <i>A. J. Wiggins</i> | Date 3/5/03 | Date Approved by Graduate Council <i>Marilyn D. Heist</i> | Date 6/17/03 |
| West Lafayette Department Head | Date | West Lafayette School Dean <i>Phillip E. Pope</i> | Date 5/19/03 | Graduate Council Secretary | Date |
| Graduate Area Committee Convener | Date | Graduate Dean | Date | West Lafayette Registrar | Date |

OFFICE OF THE REGISTRAR

Debra Shree
JUN 27 2003

PURDUE UNIVERSITY
REQUEST FOR ADDITION, DELETION,
OR REVISION OF A COURSE

SCHOOL DOCUMENT NO. EFD7-02

GRADUATE COUNCIL DOCUMENT NO. _____

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EXISTING:

PROPOSED:

SEMESTERS OFFERED

Subject Abbreviation ECE
Course Number 657

Subject Abbreviation _____
Course Number _____

Check All That Apply.

Summer Fall Ag Winter Spring

Proposed Title _____

Variable Title Yes No

Abbreviated Title _____

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CROSS LISTED COURSES

CREDIT TYPE

COURSE ATTRIBUTES: Check All That Apply.

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- Department
Instructor

Instructional Type

Class Hours

FTE

Instructional Type

Class Hours

FTE

Instructional Type

Class Hours

FTE

CAMPUS(ES) INVOLVED

Primary
Secondary
Laboratory
Lab. Prep.

Auto-tutorial
Ind. Study
Clinic
Experiential

Thesis
Observation
Mats Based

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>Michael Zoltowski</u> Date _____ Apr. for Faculty #969 M.D. Zoltowski, Chair 2/26/03 Undergrad Curriculum Committee _____ Date _____ |
| Indianapolis Department Head _____ Date _____ | Indianapolis School Dean _____ Date _____ | |
| North Central Department Head _____ Date _____ | North Central Vice Chancellor _____ Date _____ | Date Approved by Graduate Council _____ |
| West Lafayette Department Head <u>Mark J. Smith</u> 3/03/03 Date _____ | West Lafayette School Dean <u>Philip J. Pope</u> 5/19/03 Date _____ | Graduate Council Secretary <u>Debra Shree</u> 6/17/03 Date _____ |
| Graduate Area Committee Convener _____ Date _____ | Graduate Dean _____ Date _____ | West Lafayette _____ Date _____ |

CERTIFYING OFFICIAL

OFFICE OF THE REGISTRAR

JUN 27 2003

