

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 checked="" 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: Subject Abbreviation <u>ABE</u> Course Number <u>525</u> Proposed Title <u>Irrigation Management and Design</u> Variable Title Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Abbreviated Title <u>Irrig Mgmt & Design</u>	PROPOSED: Subject Abbreviation <u>ABE</u> Course Number <u>525</u> Proposed Title <u>Irrigation Management and Design</u> Variable Title Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Abbreviated Title <u>Irrig Mgmt & Design</u>	SEMESTERS OFFERED Check All That Apply. Summer <input type="checkbox"/> Fall <input type="checkbox"/> Ag Winter <input type="checkbox"/> Spring <input checked="" type="checkbox"/>
--	--	---

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

CROSS LISTED COURSES	CREDIT TYPE 1. Fixed Credit: Cr. Hrs. <u>3</u> 2. Variable Credit Range: Minimum Cr. Hrs. _____ (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> 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 type="checkbox"/> 2. Repeatable for Credit <input 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 _____
----------------------	---	---

Instructional Type Primary <u>3</u> Secondary _____ Laboratory _____ Lab. Prep. _____	Class Hours _____ FTE _____	Instructional Type Auto-tutorial _____ Ind. Study _____ Clinic _____ Experiential _____	Class Hours _____ FTE _____	Instructional Type Thesis _____ Observation _____ Matis Based _____	Class Hours _____ FTE _____	CAMPUS(ES) INVOLVED Calumet <input type="checkbox"/> Fort Wayne <input type="checkbox"/> Indianapolis <input type="checkbox"/> North Central <input type="checkbox"/> West Lafayette <input checked="" type="checkbox"/> Off Campus <input type="checkbox"/>
---	--------------------------------	---	--------------------------------	--	--------------------------------	--

COURSE DESCRIPTION (PREREQUISITES INCLUDED):
Sem. 2. Class 3, cr. 3. Prerequisite: ABE 325 or consent of instructor.
Irrigation management and design, including water resources planning, soil moisture movement and utilization, irrigation scheduling, system selection and operation, pumping plant characteristics and efficiency, hydraulic network analysis, system evaluation and environmental efficiency.

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 Appr. for Faculty <u>C.D. Sutton, Chair</u> 2/14/01
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	Undergrad Curriculum Committee _____ Date _____
North Central Department Head _____ Date _____	North Central Vice Chancellor <u>Dean - Ag</u> _____ Date _____	Date Approved by Graduate Council _____
West Lafayette Department Head _____ Date _____	West Lafayette School Dean - <u>Engr</u> _____ Date _____	Graduate Council Secretary <u>Marilou D. Geist</u> 7/3/01
Graduate Area Committee Convener _____ Date _____	Graduate Dean <u>Philip E. Pope</u> 6/27/01 _____ Date _____	West Lafayette Registrar <u>Debra Shurts</u> 7/9/01 _____ Date _____