

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:

SEMESTERS OFFERED

Subject Abbreviation ABE Course Number 590
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Check All That Apply.
 Summer Fall Ag Winter Spring

Proposed Title Special Problems
 Variable Title Yes No

Abbreviated Title Special Problems

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. 1
 (Check One) To Or
 Maximum Cr. Hrs. 6
- 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			Mats Based		
Lab. Prep.			Experiential					

CAMPUS(ES) INVOLVED

- Calumet
 Fort Wayne
 Indianapolis
 North Central
 West Lafayette
 Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Sem. 1 and 2. SS. Cr. 1-6.
 Assignment by consent of the instructor in the selected field of study. Laboratory, field, and library studies and reports on special problems related to agricultural and biological engineering not covered in regular coursework.

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>C.D. Sutton</i>	Date
Indianapolis Department Head	Date	Indianapolis School Dean	Date	Appr. for Faculty C.D. Sutton, Chair	#944 2/14/01
North Central Department Head	Date	North Central Vice-Chancellor <i>Dean-Ag</i>	Date	Undergrad Curriculum Committee	Date
West Lafayette Department Head <i>[Signature]</i>	5-9-01	West Lafayette School Dean <i>[Signature]</i>	22 May 01	Date Approved by Graduate Council	
Graduate Area Committee Convener	Date	Graduate Dean	Date	Graduate Council Secretary <i>[Signature]</i>	6/25/01
				West Lafayette Registrar <i>[Signature]</i>	6/28/01