

DEPARTMENT Electrical & Computer Engineering

DATE SUBMITTED 10-05-2000

DATE EFFECTIVE 8/20/2001

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

PURPOSE

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Deletion of a course                          | <input checked="" 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 EE  
Course Number 559

PROPOSED:

Subject Abbreviation \_\_\_\_\_  
Course Number \_\_\_\_\_

SEMESTERS OFFERED

Check All That Apply.

Summer  Fall  Ag Winter  Spring

Proposed Title MOS VLSI Design

Variable Title Yes  No

Abbreviated Title MOS VLSI Design

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			<input type="checkbox"/> Calumet <input type="checkbox"/> Fort Wayne <input type="checkbox"/> Indianapolis <input type="checkbox"/> North Central <input checked="" type="checkbox"/> West Lafayette <input type="checkbox"/> Off Campus
Secondary			Ind. Study			Observation			
Laboratory			Clinic			Mails Based			
Lab. Prep.			Experiential						

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Sem. 1 and 2. Class 3, cr. 3. Prerequisite: EE 365.

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>	Date
Indianapolis Department Head	Date	Indianapolis School Dean	Date	Appr. for Faculty <u>C.D. Sutton, Chair</u>	#949 9/5/01
North Central Department Head	Date	North Central Vice Chancellor	Date	Undergrad Curriculum Committee	Date
West Lafayette Department Head <u>L.K. [Signature]</u>	<u>Nov. 20, 2000</u>	West Lafayette School Dean <u>[Signature]</u>	<u>6 Sept 01</u>	Graduate Council Secretary <u>Marilyn D. Davis</u>	<u>10/8/01</u>
Graduate Area Committee Convener	Date	Graduate Dean	Date	West Lafayette Registrar <u>Debra Sheets</u>	<u>10/17/01</u>



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PURPOSE

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Deletion of a course                          | <input checked="" 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 EE  
Course Number 574

PROPOSED:

Subject Abbreviation \_\_\_\_\_  
Course Number \_\_\_\_\_

SEMESTERS OFFERED  
\* **Every 4th Semester.**  
Check All That Apply.

Summer  Fall  Ag Winter  Spring

Proposed Title Software Engineering Methodology

Variable Title Yes  No

Abbreviated Title Software Engrg Methods

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  
Primary \_\_\_\_\_  
Secondary \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Lab. Prep. \_\_\_\_\_

Instructional Type Class Hours FTE  
Auto-tutorial \_\_\_\_\_  
Ind. Study \_\_\_\_\_  
Clinic \_\_\_\_\_  
Experiential \_\_\_\_\_

Instructional Type Class Hours FTE  
Thesis \_\_\_\_\_  
Observation \_\_\_\_\_  
Matis Based \_\_\_\_\_

CAMPUS(ES) INVOLVED  
Calumet   
Fort Wayne   
Indianapolis   
North Central   
West Lafayette   
Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Sem. 1. Class 3, cr. 3. (Offered in alternate years)

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> Date _____ Appr. for Faculty #949 C.D. Sutton, Chair 9/5/01
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 <u>W. K. ...</u> Date <u>Nov 20, 2000</u>	West Lafayette School Dean <u>L. J. ...</u> Date <u>6 Sept 01</u>	Graduate Council Secretary <u>Marilyn D. Heist</u> Date <u>10/8/01</u>
Graduate Area Committee Convener _____ Date _____	Graduate Dean _____ Date _____	West Lafayette Registrar <u>Debra ...</u> Date <u>10/17/01</u>



DEPARTMENT Electrical & Computer Engineering

DATE SUBMITTED 10-05-2000

DATE EFFECTIVE: 8/20/2001

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 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 EE  
Course Number 600

PROPOSED:

Subject Abbreviation \_\_\_\_\_  
Course Number \_\_\_\_\_

SEMESTERS OFFERED

Check All That Apply.

Summer  Fall  Ag Winter  Spring

Proposed Title Random Variables and Signals

Variable Title Yes  No

Abbreviated Title Random Variables

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

Primary \_\_\_\_\_  
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   
Fort Wayne   
Indianapolis   
North Central   
West Lafayette   
Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Prerequisites: Graduate Standing.

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> Date _____ Appr. for Faculty #949 C.D. Sutton, Chair 9/5/01
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 <u>L.P. Dugan</u> 6 Sept 01 Date _____	Graduate Council Secretary <u>Marilyn D. Hain</u> 1/04/02 Date _____
Graduate Area Committee Convener _____ Date _____	Graduate Dean <u>Phillip E. Pope</u> 12/28/01 Date _____	West Lafayette Registrar <u>Debra Sheets</u> 1/10/02 Date _____



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PURPOSE

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|---|---|
| <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 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 EE  
Course Number 602

PROPOSED:

Subject Abbreviation \_\_\_\_\_  
Course Number \_\_\_\_\_

SEMESTERS OFFERED

Check All That Apply.

Summer  Fall  Ag Winter  Spring

Proposed Title Lumped System Theory

Variable Title Yes  No

Abbreviated Title Lumped System Theory

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

Primary \_\_\_\_\_  
Secondary \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Lab. Prep. \_\_\_\_\_

Class Hours

\_\_\_\_\_

FTE

\_\_\_\_\_

Instructional Type

Auto-tutorial \_\_\_\_\_  
Ind. Study \_\_\_\_\_  
Clinic \_\_\_\_\_  
Experiential \_\_\_\_\_

Class Hours

\_\_\_\_\_

FTE

\_\_\_\_\_

Instructional Type

Thesis \_\_\_\_\_  
Observation \_\_\_\_\_  
Mats Based \_\_\_\_\_

Class Hours

\_\_\_\_\_

FTE

\_\_\_\_\_

CAMPUS(ES) INVOLVED

Calumet   
Fort Wayne   
Indianapolis   
North Central   
West Lafayette   
Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Prerequisites: Graduate Standing and MA 511 as a corequisite or prerequisite; MA 511.

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 #949 C.D. Sutton, Chair	9/5/01
North Central Department Head	Date	North Central Vice Chancellor	Date	Undergrad Curriculum Committee	Date
West Lafayette Department Head	Date	West Lafayette School Dean	Date	Date Approved by Graduate Council	
Graduate Area Committee Convener	Date	Graduate Dean	Date	Graduate Council Secretary <i>Marilyn D. Hiest</i>	1/10/02
				West Lafayette Registrar <i>Debra Sheets</i>	1/10/02





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

PURPOSE

- |                          |  |                                     |  |
|--------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> | 1. Deletion of a course                          | <input checked="" 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 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 EE  
Course Number 604

PROPOSED:

Subject Abbreviation \_\_\_\_\_  
Course Number \_\_\_\_\_

SEMESTERS OFFERED

\*Sem. 2 Offered in Alternate  
Check All That Apply.

Summer  Fall  Ag Winter  Spring

Proposed Title Electromagnetic Field Theory

Variable Title Yes  No

Abbreviated Title Electromag Fld Theo

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  
Primary  
Secondary  
Laboratory  
Lab. Prep.

Class Hours  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FTE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructional Type  
Auto-tutorial  
Ind. Study  
Clinic  
Experiential

Class Hours  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FTE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructional Type  
Thesis  
Observation  
Matrix Based

Class Hours  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FTE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAMPUS(ES) INVOLVED  
Calumet   
Fort Wayne   
Indianapolis   
North Central   
West Lafayette   
Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Prerequisites: Graduate Standing.

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
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North Central Department Head	Date	North Central Vice Chancellor	Date	Undergrad Curriculum Committee	Date
West Lafayette Department Head	Date	West Lafayette School Dean	Date	Date Approved by Graduate Council	
Graduate Area Committee Convener	Date	Graduate Dean	Date	Graduate Council Secretary <i>Marilyn D. Hunt</i>	1/09/02
				West Lafayette Registrar <i>Debra Sheets</i>	1/10/02



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PURPOSE

- |                          |  |                                     |  |
|--------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> | 1. Deletion of a course                          | <input checked="" 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 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 EE Subject Abbreviation \_\_\_\_\_  
 Course Number 606 Course Number \_\_\_\_\_  
 Proposed Title Solid-State Devices  
 Variable Title Yes  No   
 Abbreviated Title Solid-State Devices  
 Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

SEMESTERS OFFERED  
 \*Sem. 2 Offered in Alternate  
 Check All That Apply. Years.  
 Summer  Fall  Ag Winter  Spring

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

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Prerequisites: Graduate Standing.

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> Date _____ Appr. for Faculty #949 C.D. Sutton, Chair 9/5/01
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>Marilyn D. Heist</u> 1/04/02
Graduate Area Committee Convener _____ Date _____	Graduate Dean <u>Phillip L. Pope</u> 12/28/01	West Lafayette Registrar <u>Debra Shurt</u> 1/16/02



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PURPOSE

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|---|---|
| <input type="checkbox"/> 1. Deletion of a course                          | <input type="checkbox"/> 8. Change in semesters offered                   |
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| <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 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 EE  
Course Number 608

PROPOSED:

Subject Abbreviation \_\_\_\_\_  
Course Number \_\_\_\_\_

SEMESTERS OFFERED

Check All That Apply.

Summer  Fall  Ag Winter  Spring

Proposed Title Computational Models and Methods

Variable Title Yes  No

Abbreviated Title Comp Models & Methods

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  
Primary  
Secondary  
Laboratory  
Lab. Prep.

Class Hours

FTE

Instructional Type  
Auto-tutorial  
Ind. Study  
Clinic  
Experiential

Class Hours

FTE

Instructional Type  
Thesis  
Observation  
Matrix Based

Class Hours

FTE

CAMPUS(ES) INVOLVED

Calumet   
Fort Wayne   
Indianapolis   
North Central   
West Lafayette   
Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Prerequisites: Graduate Standing.

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> Date _____ Appr. for Faculty #949 C.D. Sutton, Chair 9/5/01
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 _____
<u>W. K. ...</u> _____ Date <u>10/20/2000</u>	<u>Philip E. Pope</u> _____ Date <u>12/28/01</u>	<u>Marilyn D. ...</u> _____ Date <u>1/04/02</u>
West Lafayette Department Head _____ Date _____	West Lafayette School Dean _____ Date _____	Graduate Council Secretary _____ Date _____
Graduate Area Committee Convener _____ Date _____	Graduate Dean _____ Date _____	West Lafayette Registrar <u>Debra Sheto</u> _____ Date <u>1/10/02</u>



DEPARTMENT Electrical & Computer Engineering

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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 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 EE  
Course Number 610

PROPOSED:

Subject Abbreviation \_\_\_\_\_  
Course Number \_\_\_\_\_

SEMESTERS OFFERED

Check All That Apply.

Summer  Fall  Ag Winter  Spring

Proposed Title Energy Conversion

Variable Title Yes  No

Abbreviated Title Energy Conversion

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  
Primary \_\_\_\_\_  
Secondary \_\_\_\_\_  
Laboratory \_\_\_\_\_  
Lab. Prep. \_\_\_\_\_

Class Hours \_\_\_\_\_  
FTE \_\_\_\_\_

Instructional Type  
Auto-tutorial \_\_\_\_\_  
Ind. Study \_\_\_\_\_  
Clinic \_\_\_\_\_  
Experiential \_\_\_\_\_

Class Hours \_\_\_\_\_  
FTE \_\_\_\_\_

Instructional Type  
Thesis \_\_\_\_\_  
Observation \_\_\_\_\_  
Matrix Based \_\_\_\_\_

Class Hours \_\_\_\_\_  
FTE \_\_\_\_\_

CAMPUS(ES) INVOLVED  
Calumet   
Fort Wayne   
Indianapolis   
North Central   
West Lafayette   
Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Prerequisites: Graduate Standing.

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> #949 Date Appr. for Faculty <u>C.D. Sutton, Chair</u> 9/5/01
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 <u>W. K. ...</u> 10/5/2000 Date	West Lafayette School Dean <u>Phillip E. Pope</u> 12/28/01 Date	Graduate Council Secretary <u>Marilyn D. Leist</u> 1/04/02 Date
Graduate Area Committee Convener _____ Date	Graduate Dean _____ Date	West Lafayette Registrar <u>Debra Sheets</u> 1/10/02 Date

