

DEPARTMENT Electrical and Computer Engineering

DATE SUBMITTED 10/5/2000

DATE EFFECTIVE 8/20/2001

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:

PROPOSED:

SEMESTERS OFFERED

Subject Abbreviation EE Subject Abbreviation _____
Course Number 558 Course Number _____

Check All That Apply.

Summer Fall Ag Winter Spring

Proposed Title Integrated Circuit Layout and Design

Variable Title Yes No

Abbreviated Title Int-Circ Layout & Desn

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 _____ 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
Primary
Secondary
Laboratory
Lab. Prep.

Class Hours

FTE

Instructional Type
Auto-tutorial
Ind. Study
Clinic
Experiential

Class Hours

FTE

Instructional Type
Thesis
Observation
Matls Based

Class Hours

FTE

CAMPUS(ES) INVOLVED

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>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>G. K. ...</u> <u>Nov. 20, 2000</u> Date _____	West Lafayette School Dean <u>L. J. ...</u> <u>6 Sept 01</u> Date _____	Graduate Council Secretary <u>Marilyn D. ...</u> <u>11/29/01</u> Date _____
Graduate Area Committee Convener _____ Date _____	Graduate Dean <u>Phillip E. Pope</u> <u>11/15/01</u> Date _____	West Lafayette Registrar <u>Debra ...</u> <u>12/12/01</u> Date _____

