

DEPARTMENT School of Electrical & Computer Engineering DATE SUBMITTED 8/15/01 DATE EFFECTIVE 8/31/01

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 |

| | | |
|--|---|---|
| <p>EXISTING: Subject Abbreviation <u>EE</u> Course Number <u>473</u></p> <p>Proposed Title <u>Introduction to Artificial Intelligence</u> Variable Title Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Abbreviated Title <u>Intro Artificial Intel</u> Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)</p> | <p>PROPOSED: Subject Abbreviation <u>EE</u> Course Number <u>473</u></p> | <p>SEMESTERS OFFERED Check All That Apply. Summer <input type="checkbox"/> Fall <input type="checkbox"/> Ag Winter <input type="checkbox"/> Spring <input checked="" type="checkbox"/></p> |
|--|---|---|

| | | |
|------------------------------------|--|--|
| <p>CROSS LISTED COURSES</p> | <p>CREDIT TYPE</p> <p>1. Fixed Credit: Cr. Hrs. <u>3</u></p> <p>2. Variable Credit Range: Minimum Cr. Hrs _____ (Check One) To _____ Or _____ Maximum Cr. Hrs _____</p> <p>3. Equivalent Credit: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>4. Thesis Credit: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> | <p>COURSE ATTRIBUTES: Check All That Apply.</p> <p>1. Pass/Not Pass Only <input type="checkbox"/></p> <p>2. Repeatable for Credit <input type="checkbox"/></p> <p>3. Available for Credit by Examination <input type="checkbox"/></p> <p>4. Designator Required <input type="checkbox"/></p> <p>5. Special Fees <input type="checkbox"/></p> <p>6. Approval Required for Enrollment Department <input checked="" type="checkbox"/> Instructor <input checked="" type="checkbox"/></p> |
|------------------------------------|--|--|

| <table border="0"> <tr> <th>Instructional Type</th> <th>Class Hours</th> <th>FTE</th> <th>Instructional Type</th> <th>Class Hours</th> <th>FTE</th> <th>Instructional Type</th> <th>Class Hours</th> <th>FTE</th> </tr> <tr> <td>Primary</td> <td><u>3</u></td> <td></td> <td>Auto-tutorial</td> <td></td> <td></td> <td>Thesis</td> <td></td> <td></td> </tr> <tr> <td>Secondary</td> <td></td> <td></td> <td>Ind. Study</td> <td></td> <td></td> <td>Observation</td> <td></td> <td></td> </tr> <tr> <td>Laboratory</td> <td></td> <td></td> <td>Clinic</td> <td></td> <td></td> <td>Matts Based</td> <td></td> <td></td> </tr> <tr> <td>Lab. Prep.</td> <td></td> <td></td> <td>Experiential</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | Instructional Type | Class Hours | FTE | Instructional Type | Class Hours | FTE | Instructional Type | Class Hours | FTE | Primary | <u>3</u> | | Auto-tutorial | | | Thesis | | | Secondary | | | Ind. Study | | | Observation | | | Laboratory | | | Clinic | | | Matts Based | | | Lab. Prep. | | | Experiential | | | | | | <p>CAMPUS(ES) INVOLVED</p> <p>Calumet <input type="checkbox"/></p> <p>Fort Wayne <input type="checkbox"/></p> <p>Indianapolis <input type="checkbox"/></p> <p>North Central <input type="checkbox"/></p> <p>West Lafayette <input checked="" type="checkbox"/></p> <p>Off Campus <input type="checkbox"/></p> |
|---|--------------------|-------------|--------------------|--------------------|-------------|--------------------|--------------------|-------------|-----|---------|----------|--|---------------|--|--|--------|--|--|-----------|--|--|------------|--|--|-------------|--|--|------------|--|--|--------|--|--|-------------|--|--|------------|--|--|--------------|--|--|--|--|--|--|
| Instructional Type | Class Hours | FTE | Instructional Type | Class Hours | FTE | Instructional Type | Class Hours | FTE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary | <u>3</u> | | Auto-tutorial | | | Thesis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secondary | | | Ind. Study | | | Observation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Laboratory | | | Clinic | | | Matts Based | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lab. Prep. | | | Experiential | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

COURSE DESCRIPTION (PREREQUISITES INCLUDED):
Prerequisite: EE 368
Fundamental areas of artificial intelligence: knowledge representation and reasoning, machine learning, planning, game playing, natural language processing, and vision.

| | | |
|--|--|--|
| 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>E.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>L.K.D.</u> <u>8/15/01</u> Date _____ | West Lafayette School Dean <u>L.D. Higgins</u> <u>6 Sept 01</u> Date _____ | Graduate Council Secretary <u>Debra Shute</u> <u>9/19/01</u> Date _____ |
| Graduate Area Committee Convener _____ Date _____ | Graduate Dean _____ Date _____ | West Lafayette Registrar _____ Date _____ |

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

RECEIVED
OFFICE OF THE REGISTRAR

01 SEP 10 AM 10:30