

DEPARTMENT School of Electrical and Computer Engineering DATE SUBMITTED 2/20/2003 DATE EFFECTIVE Fall 2003

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 ECE
Course Number 321

PROPOSED:

Subject Abbreviation _____
Course Number _____

SEMESTERS OFFERED

Check All That Apply.

Summer Fall Ag Winter Spring

Proposed Title Electromechanical Motion Devices

Variable Title Yes No

Abbreviated Title _____

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. 3
- 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			Calumet <input type="checkbox"/>
Secondary			Ind. Study			Observation			Fort Wayne <input type="checkbox"/>
Laboratory			Clinic			Matts Based			Indianapolis <input type="checkbox"/>
Lab. Prep.			Experiential						North Central <input type="checkbox"/>
									West Lafayette <input checked="" type="checkbox"/>
									Off Campus <input type="checkbox"/>

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

Prerequisites: ECE 202, PHYS 261. Prerequisite or Co-requisite: ECE 255.

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>Michael D. Zoltowski</i> Apr. for Faculty	Date
Indianapolis Department Head	Date	Indianapolis School Dean	Date	M.D. Zoltowski, Chair	#972 4/5/03
North Central Department Head	Date	North Central Vice Chancellor	Date	Undergrad Curriculum Committee	Date
<i>Michael D. Zoltowski</i> West Lafayette Department Head	<u>03/04/03</u> Date	<i>David S. Higgins</i> West Lafayette School Dean	<u>4/9/03</u> Date	Date Approved by Graduate Council	
Graduate Area Committee Convener	Date	Graduate Dean	Date	Graduate Council Secretary	Date
				<i>Debra Street</i> West Lafayette Registrar	Date

CERTIFYING OFFICIAL

