

DEPARTMENT School of Nuclear Engineering

DATE SUBMITTED 10-18-2000

DATE EFFECTIVE 01-01-2001

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:

Subject Abbreviation NUCL
Course Number 190

PROPOSED:

Subject Abbreviation _____
Course Number _____

SEMESTERS OFFERED

Check All That Apply.

Summer Fall Ag Winter Spring

Proposed Title _____
Variable Title Yes No

Abbreviated Title Nuclear Engr Prin
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
Matts 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 <u>2/7/01</u> Appr. for Faculty #943 C.D. Sutton, Chair
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>R.P. Bennett</u> <u>12-7-00</u> Date _____	West Lafayette School Dean <u>J. D. Higgins</u> <u>2 Feb 01</u> Date _____	Graduate Council Secretary <u>Debra Sheets</u> <u>2/21/01</u> Date _____
Graduate Area Committee Convener _____ Date _____	Graduate Dean _____ Date _____	West Lafayette Registrar _____ Date _____

DEPARTMENT School of Nuclear Engineering

DATE SUBMITTED 12/6/00

DATE EFFECTIVE 01-01-2001

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 NUCL
Course Number 405

Subject Abbreviation _____
Course Number _____

Check All That Apply.
Summer Fall Ag Winter Spring

Proposed Title _____
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

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

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> #943 Date <u>2/7/01</u> Appr. for Faculty C.D. Sutton, Chair
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>Dennis Bunn</u> 1-24-01 _____ Date	West Lafayette School Dean <u>D. J. Higgins</u> 2/2/01 _____ Date	Graduate Council Secretary _____ Date
Graduate Area Committee Convener _____ Date	Graduate Dean _____ Date	West Lafayette Registrar <u>Debra Sheets</u> 2/21/01 _____ Date