

DEPARTMENT School of Nuclear Engineering

DATE SUBMITTED 12/06/00

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:

Subject Abbreviation NUCL
Course Number 500

PROPOSED:

Subject Abbreviation _____
Course Number _____

SEMESTERS OFFERED

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

- 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	Date
				<i>C.D. Sutton</i>	
				Appr. for Faculty	#943
				C.D. Sutton, Chair	2/7/01
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	
<i>B. R. Bennett</i>	<i>12-7-00</i>	<i>Dr. J. Wagner</i>	<i>2 Feb 01</i>	<i>Marilyn D. Hant</i>	<i>2/14/01</i>
West Lafayette Department Head	Date	West Lafayette School Dean	Date	Graduate Council Secretary	Date
		<i>Philip C. Pope</i>	<i>2/14/01</i>	<i>Debra Sheets</i>	<i>2/21/01</i>
Graduate Area Committee Convener	Date	Graduate Dean	Date	West Lafayette Registrar	Date

DEPARTMENT School of Nuclear Engineering

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| <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 508

PROPOSED:

Subject Abbreviation _____
Course Number _____

SEMESTERS OFFERED

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

- 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
Primary			Auto-tutorial			Thesis		
Secondary			Ind. Study			Observation		
Laboratory			Clinic			Matts Based		
Lab. Prep.			Experiential					

CAMPUS(ES) INVOLVED

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 Appr. for Faculty <u>C.D. Sutton</u> #943 C.D. Sutton, Chair 2/7/01	Date
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>Andrew B. Bennett</u> 1-24-01	Date	<u>Philip E. Pope</u> 2/14/01	Date	<u>Marilyn D. West</u> 2/14/01	Date
West Lafayette Department Head	Date	West Lafayette School Dean	Date	Graduate Council Secretary	Date
Graduate Area Committee Convener	Date	Graduate Dean	Date	<u>Debra Sheets</u> 2/21/01	Date
				West Lafayette Registrar	Date

DEPARTMENT School of Nuclear Engineering

DATE SUBMITTED 12/06/00 DATE EFFECTIVE 01-01-2001

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| <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 |

<p>EXISTING:</p> <p>Subject Abbreviation <u>NUCL</u></p> <p>Course Number <u>530</u></p> <p>Proposed Title _____</p> <p>Variable Title Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Abbreviated Title _____</p> <p>Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)</p>	<p>PROPOSED:</p> <p>Subject Abbreviation _____</p> <p>Course Number _____</p>	<p>SEMESTERS OFFERED</p> <p>Check All That Apply.</p> <p>Summer <input type="checkbox"/> Fall <input type="checkbox"/> Ag Winter <input type="checkbox"/> Spring <input type="checkbox"/></p>
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<p>CROSS LISTED COURSES</p>	<p>CREDIT TYPE</p> <p>1. Fixed Credit: Cr. Hrs. _____</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 type="checkbox"/></p> <p>4. Thesis Credit: Yes <input type="checkbox"/> No <input 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 Instructor <input type="checkbox"/></p>
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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			Matis Based			Indianapolis
Lab. Prep.			Experiential						North Central
									West Lafayette <input checked="" type="checkbox"/>
									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
Indianapolis Department Head	Date	Indianapolis School Dean	Date	Appr. for Faculty <u>C.D. Sutton, Chair</u>	#943 2/7/01
North Central Department Head	Date	North Central Vice Chancellor	Date	Undergrad Curriculum Committee	Date
West Lafayette Department Head	Date	West Lafayette School Dean <u>Philip E. Pope</u>	Date	Date Approved by Graduate Council	
Graduate Area Committee Convener	Date	Graduate Dean	Date	Graduate Council Secretary <u>Marilyn D. Meist</u>	2/14/01
				West Lafayette Registrar <u>Debra Shute</u>	2/21/01

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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 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 550

PROPOSED:

Subject Abbreviation _____
Course Number _____

SEMESTERS OFFERED

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

- 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):

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				Appr. for Faculty <u>C.D. Sutton</u> #943	
				C.D. Sutton, Chair	2/7/01
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>Richard P. Bennett</u> 1-24-01		<u>Ly D. Higgins</u> 2/2/01		<u>Marilyn D. Hest</u> 2/14/01	
West Lafayette Department Head	Date	West Lafayette School Dean	Date	Graduate Council Secretary	Date
		<u>Phillip E. Pope</u> 2/14/01		<u>Debra Sheets</u> 2/21/01	
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EXISTING:

PROPOSED:

SEMESTERS OFFERED

Subject Abbreviation NUCL Subject Abbreviation _____
Course Number 502 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

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Minimum Cr. Hrs _____
(Check One) To _____ Or _____
Maximum Cr. Hrs _____
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- Department _____
Instructor _____

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Secondary			Ind. Study			Observation		
Laboratory			Clinic			Mats Based		
Lab. Prep.			Experiential					

CAMPUS(ES) INVOLVED

- Calumet
- Fort Wayne
- Indianapolis
- North Central
- West Lafayette
- Off Campus

COURSE DESCRIPTION (PREREQUISITES INCLUDED):

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