

**New Course Request**

**Indiana University**

Indianapolis

Campus

Check Appropriate Boxes: Undergraduate credit

Graduate credit

Professional credit

1. School/Division Engineering & Technology/Mechanical Engr 2. Academic Subject Code ME

3. Course Number ME 297 (must be cleared with University Enrollment Services) 4. Instructor TBA

5. Course Title Engineering Topics

Recommended Abbreviation (Optional) \_\_\_\_\_  
(Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): Summer 2008

7. Credit Hours: Fixed at \_\_\_\_\_ or Variable from 1 to 3

8. Is this course to be graded S-F (only)? Yes \_\_\_\_\_ No X

9. Is variable title approval being requested? Yes X No \_\_\_\_\_

10. Course description (not to exceed 50 words) for Bulletin publication: Topics of contemporary importance or of special interest that are outside the scope of the standard undergraduate curriculum can be offered temporarily under the selected topics category until the course receives a permanent number.

11. Lecture Contact Hours: Fixed at \_\_\_\_\_ or Variable from 1 to 3

12. Non-Lecture Contact Hours: Fixed at \_\_\_\_\_ or Variable from 1 to 3

13. Estimated enrollment: 35 of which 0 percent are expected to be graduate students.

14. Frequency of scheduling: F, Sp, Sum Will this course be required for majors? No

15. Justification for new course: It allows offering topics that are not in the curriculum, but are beneficial to engineering students.

16. Are the necessary reading materials currently available in the appropriate library? Yes

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: H.U. Akay Date 2-12-08  
Date Department Chairman/Division Director

Approved by: William [Signature] Date 3/19/08  
Date Dean

\_\_\_\_\_ Date \_\_\_\_\_  
Dean of Graduate School (when required)

\_\_\_\_\_ Date \_\_\_\_\_  
Chancellor/Vice-President

\_\_\_\_\_ Date \_\_\_\_\_  
University Enrollment Services

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.



PURDUE UNIVERSITY

REQUEST FOR ADDITION, EXPIRATION,  
OR REVISION OF AN UNDERGRADUATE COURSE  
(100-400 LEVEL)

Print Form

Office of the Registrar  
FORM 40 REV. 9/06

DEPARTMENT Mechanical Engineering

EFFECTIVE SESSION Summer 2008

INSTRUCTIONS: Please check the items below which describe the purpose of this request.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> 1. New course with supporting documents | <input type="checkbox"/> 7. Change in course attributes (department head signature only)  |
| <input type="checkbox"/> 2. Add existing course offered at another campus   | <input type="checkbox"/> 8. Change in instructional hours                                 |
| <input type="checkbox"/> 3. Expiration of a course                          | <input type="checkbox"/> 9. Change in course description                                  |
| <input type="checkbox"/> 4. Change in course number                         | <input type="checkbox"/> 10. Change in course requisites                                  |
| <input type="checkbox"/> 5. Change in course title                          | <input type="checkbox"/> 11. Change in semesters offered (department head signature only) |
| <input type="checkbox"/> 6. Change in course credit/type                    | <input type="checkbox"/> 12. Transfer from one department to another                      |

PROPOSED:

Subject Abbreviation ME

Course Number 297

Long Title Engineering Topics

Short Title \_\_\_\_\_

EXISTING:

Subject Abbreviation \_\_\_\_\_

Course Number \_\_\_\_\_

TERMS OFFERED

Check All That Apply:

Summer  Fall  Spring

CAMPUS(ES) INVOLVED

Calumet  N. Central  
 Cont Ed  Tech Statewide  
 Ft. Wayne  W. Lafayette  
 Indianapolis

Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY)

CREDIT TYPE

1. Fixed Credit: Cr. Hrs. \_\_\_\_\_
2. Variable Credit Range: \_\_\_\_\_  
 Minimum Cr. Hrs. 1  
 (Check One) To  Or   
 Maximum Cr. Hrs. 3
3. Equivalent Credit: Yes  No
4. Thesis Credit: Yes  No

COURSE ATTRIBUTES: Check All That Apply

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Pass/Not Pass Only               | <input type="checkbox"/> 7. Registration Approval Type                  |
| <input type="checkbox"/> 2. Satisfactory/Unsatisfactory Only | Department <input type="checkbox"/> Instructor <input type="checkbox"/> |
| <input type="checkbox"/> 3. Repeatable                       | <input checked="" type="checkbox"/> 8. Variable Title                   |
| Maximum Repeatable Credit: _____                             | <input type="checkbox"/> 9. Remedial                                    |
| <input type="checkbox"/> 4. Credit by Examination            | <input type="checkbox"/> 10. Honors                                     |
| <input type="checkbox"/> 5. Designator Required              | <input type="checkbox"/> 11. Full Time Privilege                        |
| <input type="checkbox"/> 6. Special Fees                     | <input type="checkbox"/> 12. Off Campus Experience                      |

Instructional Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated	Delivery Method (Asyn. Or Syn.)	Delivery Medium (Audio, Internet, Live, Text-Based, Video) Internet, Live
Lecture			15			
Recitation						
Presentation						
Laboratory						
Lab Prep						
Studio						
Distance			15			
Clinic						
Experiential						
Research						
Ind. Study						
Pract/Observ						

Cross-Listed Courses

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COURSE DESCRIPTION (INCLUDE REQUISITES):

Pre-requisite: Sophomore standing or consent of instructor.  
 Topics of contemporary importance or of special interest that are outside the scope of the standard undergraduate curriculum can be offered temporarily under the selected topics category until the course receives a permanent number.

Calumet Department Head \_\_\_\_\_ Date \_\_\_\_\_ Calumet School Dean \_\_\_\_\_ Date \_\_\_\_\_

Fort Wayne Department Head \_\_\_\_\_ Date \_\_\_\_\_ Fort Wayne School Dean \_\_\_\_\_ Date \_\_\_\_\_

Indianapolis Department Head H.U. Stay Date 2-12-08 Indianapolis School Dean [Signature] Date 3/9/08

North Central Department Head \_\_\_\_\_ Date \_\_\_\_\_ North Central Chancellor \_\_\_\_\_ Date \_\_\_\_\_

West Lafayette Department Head \_\_\_\_\_ Date \_\_\_\_\_ West Lafayette College/School Dean \_\_\_\_\_ Date \_\_\_\_\_ West Lafayette Registrar \_\_\_\_\_ Date \_\_\_\_\_