New Course Request

Check Appropriate Boxes:  Undergraduate credit □ Graduate credit □ Professional credit □

1. School/Division: School of Engineering and Technology
2. Academic Subject Code: BMET
3. Course Number: 299 (must be cleared with University Enrollment Services)
4. Instructor: Christe
5. Course Title: Biomedical Engineering Technology
   Recommended Abbreviation (Optional): Biomedical Engr Tech
   (Limited to 82 Characters including spaces)

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

7. Credit Hours: Fixed at _________ or Variable from _______ to _______

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

9. Is variable title approval being requested? Yes □ No □

10. Course description (not to exceed 50 words) for Bulletin publication:
    Hours and subject matter to be arranged by staff

11. Lecture Contact Hours: Fixed at _________ or Variable from _______ to _______

12. Non-Lecture Contact Hours: Fixed at _______ or Variable from _______ to _______

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

14. Frequency of scheduling: 2/year Will this course be required for majors? No

15. Justification for new course: supports new BMET BS degree

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: [Signature] Date: 3/26/08
Department Chairman/DIVision Director

Approved by: [Signature] Date: 4/6/08
Dean

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.
###鐘科2023-04-10-05-50-50.png

**PURDUE UNIVERSITY**

**REQUEST FOR ADDITION, EXPIRATION, OR REVISION OF AN UNDERGRADUATE COURSE**

(100-400 LEVEL)

**DEPARTMENT** Engineering Technology

**EFFECTIVE SESSION** 4088

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

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

#### PROPOSED:

<table>
<thead>
<tr>
<th>Subject Abbreviation</th>
<th>BMET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Number</td>
<td>299</td>
</tr>
<tr>
<td>Long Title</td>
<td>Biomedical Engineering Technology</td>
</tr>
<tr>
<td>Short Title</td>
<td>Biomedical Engr Tech</td>
</tr>
</tbody>
</table>

Abbreviated title will be entered by the Office of the Registrar if omitted. (20 CHARACTERS ONLY)

#### CREDIT TYPE

<table>
<thead>
<tr>
<th>1. Fixed Credit</th>
<th>Cr. Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Variable Credit Range:</td>
<td></td>
</tr>
<tr>
<td>Minimum Cr. Hrs.</td>
<td>4.0</td>
</tr>
<tr>
<td>Maximum Cr. Hrs.</td>
<td>4.0</td>
</tr>
<tr>
<td>Equivalent Credit</td>
<td>Yes</td>
</tr>
<tr>
<td>Thesis Credit</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### COURSE ATTRIBUTES:

| 1. Pass/Not Pass Only |
| 2. Satisfactory/Unsatisfactory Only |
| 3. Repeatable |
| Maximum Repeatable Credit |
| 4. Credit by Examination |
| 5. Designator Required |
| 6. Special Fees |
| 7. Registration Approval Type |
| 8. Instructor |
| 9. Remedial |
| 10. Honors |
| 11. Full Time Privilege |
| 12. Off Campus Experience |

#### COURSE DESCRIPTION (INCLUDE REQUISITES):

Hours and subject matter to be arranged by staff.

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**Calumet Department Head**

Date

**Calumet School Dean**

Date

**Fort Wayne Department Head**

Date

**Fort Wayne School Dean**

Date

**Indianapolis Department Head**

Date

**Indianapolis School Dean**

Date

**North Central Department Head**

Date

**North Central Chancellor**

Date

**West Lafayette Department Head**

Date

**West Lafayette College/School Dean**

Date

**West Lafayette Registrar**

Date

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**OFFICE OF THE REGISTRAR**