

Course Change Request

Indiana University

Indianapolis

Campus

Check Appropriate Boxes:

Undergraduate credit

Graduate credit

Professional credit

- 1. School/Division Science
- 2. Academic Subject Code: MATH 3. Current Course Number: 417 4. Current Credit Hours: 3
- 5. Current Title: Discrete Modeling and Game Theory
- 6. Effective Semester/Year for changes listed below: Spring 2008 7. Instructor: _____

Type of Change Requested (Check appropriate boxes and indicate changes)

- 8. Change course number to: _____ (must be cleared with University Registrar)
- 9. Current course title: _____
Change to: _____
Recommended abbreviation (optional) _____
(Limited to 32 Characters including spaces)
- 10. Current credit hours fixed at: _____ or variable from: _____ to _____
Change to credit hours fixed at: _____ or variable from: _____ to _____
- 11. Current lecture contact hours fixed at: _____ or variable from: _____ to _____
Change to lecture contact hours fixed at: _____ or variable from: _____ to _____
- 12. Current non-lecture contact hours fixed at: _____ or variable from: _____ to _____
Change to non-lecture contact hours fixed at: _____ or variable from: _____ to _____
- 13. Is this course currently graded with S-F (only) grades? Yes _____ No _____
Change to S-F (only) grading? Yes _____ No _____
- 14. Does this course presently have variable title approval? Yes _____ No _____
Is variable title approval being requested? Yes _____ No _____
- 15. Is this course being discontinued? For all campuses _____ or for this campus only YES
- 16. Current course description _____

Change course description to (not to exceed 50 words) _____

17. Justification for change Course is being replaced with MATH 518, Advanced Discrete Mathematics,
~~to more closely align curriculum with Purdue W.L.~~
(Use additional paper if necessary)

- 18. Are the necessary reading materials currently available in the appropriate library? _____
- 19. A copy of every course change proposal must be submitted to departments, schools, or divisions in which there may be overlap of this 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: Bala Bahar Date 7/31/07
 Department Chairman/Division Director
 _____ Date _____
 Dean of Graduate School (when required)

Approved by: [Signature] Date 10/13/07
 Dean
 _____ Date _____
 Chancellor/Vice-President
 _____ Date _____
 University Registrar

After School/Division approval, forward the last copy (without attachments) to the University Registrar 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

DEPARTMENT Mathematical Sciences

EFFECTIVE SESSION Spring 2008

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

- | | |
|---|---|
| <input 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 checked="" 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: | EXISTING: | TERMS OFFERED Check All That Apply: |
| Subject Abbreviation <u>MATH</u> | Subject Abbreviation _____ | <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring |
| Course Number <u>417</u> | Course Number _____ | CAMPUS(ES) INVOLVED |
| Long Title <u>Discrete Modeling and Game Theory</u> | | <input type="checkbox"/> Calumet <input type="checkbox"/> N. Central <input type="checkbox"/> Cont Ed <input type="checkbox"/> Tech Statewide <input type="checkbox"/> Ft. Wayne <input type="checkbox"/> W. Lafayette <input checked="" type="checkbox"/> Indianapolis |
| Short Title _____ | | |
| Abbreviated title will be entered by the Office of the Registrar if omitted. (22 CHARACTERS ONLY) | | |

| | |
|--|--|
| CREDIT TYPE | COURSE ATTRIBUTES: Check All That Apply |
| 1. Fixed Credit: Cr. Hrs. _____ | 1. Pass/Not Pass Only <input type="checkbox"/> |
| 2. Variable Credit Range: _____ | 2. Satisfactory/Unsatisfactory Only <input type="checkbox"/> |
| Minimum Cr. Hrs. _____ | 3. Repeatable <input type="checkbox"/> |
| (Check One) To <input type="checkbox"/> Or <input type="checkbox"/> | Maximum Repeatable Credit: _____ |
| Maximum Cr. Hrs. _____ | 4. Credit by Examination <input type="checkbox"/> |
| 3. Equivalent Credit: Yes <input type="checkbox"/> No <input type="checkbox"/> | 5. Designator Required <input type="checkbox"/> |
| 4. Thesis Credit: Yes <input type="checkbox"/> No <input type="checkbox"/> | 6. Special Fees <input type="checkbox"/> |
| | 7. Registration Approval Type <input type="checkbox"/> |
| | Department _____ Instructor _____ |
| | 8. Variable Title <input type="checkbox"/> |
| | 9. Remedial <input type="checkbox"/> |
| | 10. Honors <input type="checkbox"/> |
| | 11. Full Time Privilege <input type="checkbox"/> |
| | 12. Off Campus Experience <input type="checkbox"/> |

| 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) | Cross-Listed Courses | |
|--------------------|-----------------|-------------------|---------------|-----------------------|---------------------------------|--|----------------------|--|
| Lecture | | | | | | | | |
| Recitation | | | | | | | | |
| Presentation | | | | | | | | |
| Laboratory | | | | | | | | |
| Lab Prep | | | | | | | | |
| Studio | | | | | | | | |
| Distance | | | | | | | | |
| Clinic | | | | | | | | |
| Experiential | | | | | | | | |
| Research | | | | | | | | |
| Ind. Study | | | | | | | | |
| Pract/Observ | | | | | | | | |

COURSE DESCRIPTION (INCLUDE REQUISITES):

| | |
|--|---|
| Calumet Department Head _____ Date _____ | Calumet School Dean _____ Date _____ |
| Fort Wayne Department Head _____ Date _____ | Fort Wayne School Dean _____ Date _____ |
| Indianapolis Department Head <u>Beth Behr</u> <u>7/31/07</u> | Indianapolis School Dean <u>John U. Brown</u> <u>10/14/09</u> |
| North Central Department Head _____ Date _____ | North Central Chancellor _____ Date _____ |
| West Lafayette Department Head _____ Date _____ | West Lafayette College/School Dean _____ Date _____ |
| | West Lafayette Registrar _____ Date _____ |