

PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF A GRADUATE COURSE
(50000-60000 LEVEL)

DEPARTMENT EFFECTIVE SESSION

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

- | | |
|---|--|
| <input type="checkbox"/> 1. New course with supporting documents (complete proposal form) | <input type="checkbox"/> 7. Change in course attributes |
| <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 |
| <input type="checkbox"/> 6. Change in course credit/type | <input type="checkbox"/> 12. Transfer from one department to another |

PROPOSED:	EXISTING:
Subject Abbreviation <input type="text"/>	Subject Abbreviation <input type="text"/>
Course Number <input type="text"/>	Course Number <input type="text"/>
Long Title <input type="text"/>	
Short Title <input type="text"/>	

TERMS OFFERED
Check All That Apply:

Fall Spring Summer

CAMPUS(ES) INVOLVED

<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 type="checkbox"/> Indianapolis	

CREDIT TYPE

1. Fixed Credit: Cr. Hrs.

2. Variable Credit Range:

Minimum Cr. Hrs.

(Check One) To Or

Maximum Cr. Hrs.

3. Equivalent Credit: Yes No

4. Thesis Credit: Yes No

COURSE ATTRIBUTES: Check All That Apply

1. Pass/Not Pass Only <input type="checkbox"/>	6. Registration Approval Type <input type="checkbox"/>
2. Satisfactory/Unsatisfactory Only <input type="checkbox"/>	Department <input type="checkbox"/>
3. Repeatable <input type="checkbox"/>	Instructor <input type="checkbox"/>
Maximum Repeatable Credit: <input type="text"/>	7. Variable Title <input type="checkbox"/>
4. Credit by Examination <input type="checkbox"/>	8. Honors <input type="checkbox"/>
5. Fees <input type="checkbox"/> Coop <input type="checkbox"/> Lab <input type="checkbox"/> Rate Request <input type="checkbox"/>	9. Full Time Privilege <input type="checkbox"/>
10. Off Campus Experience <input type="checkbox"/>	

Include comment to explain fee

Schedule Type	Minutes Per Mtg	Meetings Per Week	Weeks Offered	% of Credit Allocated
Lecture				
Recitation				
Presentation				
Laboratory				
Lab Prep				
Studio				
Distance				
Clinic				
Experiential				
Research				
Ind. Study				
Pract/Observ				

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS): (Note: If description will not fit in space provided, please create a separate document and attach to this form.)

***COURSE LEARNING OUTCOMES:** (Note: If course learning outcomes will not fit in space provided, please create a separate document and attach it to this form.)

Calumet Department Head _____ Date _____	Calumet School Dean _____ Date _____	Calumet Director of Graduate Studies _____ Date _____
Fort Wayne Department Head _____ Date _____	Fort Wayne School Dean _____ Date _____	Fort Wayne Director of Graduate Studies _____ Date _____
Indianapolis Department Head _____ Date _____	Indianapolis School Dean _____ Date _____	IUPUI Associate Dean for Graduate Education _____ Date _____
North Central Department Head _____ Date _____	North Central School Dean _____ Date _____	North Central Director of Graduate Studies _____ Date _____
West Lafayette Department Head _____ Date _____	West Lafayette College/School Dean _____ Date _____	Date Approved by Graduate Council _____ Date _____
Graduate Area Committee Convener _____ Date _____	Graduate Dean _____ Date _____	Graduate Council Secretary _____ Date _____
		West Lafayette Registrar _____ Date _____