PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(10000-49990 LEVEL)

DEPARTMENT: Engineering
EFFECTIVE SESSION: 201420

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. Expireation 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:

Subject Abbreviation: CE
Course Number: 25100
Long Title: Dynamics
Short Title: Dynamics

Abbreviated title will be entered by the Office of the Registrar if omitted (30 Characters Only).

CAMPUS(ES) INVOLVED:
- Calumet
- Cont Ed
- Ft. Wayne
- Tech Statewide
- Indianapolis
- N. Central
- Mt. Lafayette

TERM OFFERED:
- Fall
- Spring
- Summer

COURSE ATTIBUTES: Check All That Apply
- 1. Pass/Not Pass Only
- 2. Satisfactory/Unsatisfactory Only
- 3. Repeatable
- 4. Maximum Repeatable Credit
- 5. Credit by Examination
- 6. Fees: [Coop [Lab [Rate Request
Include comment to explain fee
- 7. Variable Title
- 8. Honors
- 9. Full Time Privilege
- 10. Off Campus Experience

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):
P: CE 36000
C: MA 36300

*COURSE LEARNING OUTCOMES:

Calumet Department Head: [Signature] Date: [Date]
Calumet School Dean: [Signature] Date: [Date]
Ft. Wayne Department Head: [Signature] Date: [Date]
Ft. Wayne School Dean: [Signature] Date: [Date]
Indianapolis Department Head: [Signature] Date: [Date]
Indianapolis School Dean: [Signature] Date: [Date]
North Central Faculty Senate Chair: [Signature] Date: [Date]
Vice Chancellor for Academic Affairs: [Signature] Date: [Date]
West Lafayette Department Head: [Signature] Date: [Date]
West Lafayette College/School Dean: [Signature] Date: [Date]

OFFICE OF THE REGISTRAR