PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(16000-46000 LEVEL)

DEPARTMENT: Psychology
EFFECTIVE SESSION: Spring 2009

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
- [X] 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:

Subject Abbreviation: PSY
Course Number: 336
Long Title: Issues in Developmental Psychology
Short Title:

EXISTING:

Subject Abbreviation: PSY
Course Number: 336
Long Title: Issues in Developmental Psychology
Short Title:

CAMPUS(ES) INVOLVED:

- [X] Calumet
- [X] Ft. Wayne
- [ ] Indianapolis
- [ ] N. Central
- [ ] Tech Statewide
- [ ] W. Lafayette

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

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 [X]

COURSE ATTRIBUTES: Check All That Apply

1. Pass/No Pass Only [X]
2. Satisfactory/Unsatisfactory Only [ ]
3. Repeatable [X]
4. Credit by Examination [ ]
5. Special Fees [ ]
6. Registration Approval Type
   Department [ ] Instructor [X]
7. Variable Title [ ]
8. Honors [ ]
9. Full Time Privilege [ ]
10. Off Campus Experience [ ]

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

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Cross-Listed Courses

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Calumet Department Head: ___________________________ Date: ___________________________

Ft. Wayne Department Head: ___________________________ Date: ___________________________

Indianapolis Department Head: ___________________________ Date: ___________________________

North Central Department Head: ___________________________ Date: ___________________________

West Lafayette Department Head: ___________________________ Date: ___________________________

Calumet School Dean: ___________________________ Date: ___________________________

Ft. Wayne School Dean: ___________________________ Date: ___________________________

Indianapolis School Dean: ___________________________ Date: ___________________________

North Central Chancellor: ___________________________ Date: ___________________________

West Lafayette College/School Dean: ___________________________ Date: ___________________________

West Lafayette Registrar: ___________________________ Date: ___________________________

OFFICE OF THE REGISTRAR