PURDUE UNIVERSITY
REQUEST FOR ADDITION, EXPIRATION,
OR REVISION OF AN UNDERGRADUATE COURSE
(10000-40000 LEVEL)

DEPARTMENT: MCET
EFFECTIVE SESSION: Fall 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
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: MET
Course Number: 247
Long Title: Computer-Aided Tool and Fixture Design
Short Title: Cad Tool & Fix Design

COURSE ATTRIBUTES: Check All That Apply
1. Pass/Not Pass Only
2. Satisfactory/Unsatisfactory Only
3. Repeatable
4. Credit by Examination
5. Special Fees
6. Registration Approval Type

TERMS OFFERED: Check All That Apply
Summer
Fall
Spring

CAMPUS(ES) INVOLVED:

- Calumet
- Cont Ed
- Ft Wayne
- Indianapolis
- N Central
- Tech Center
- W Lafayette

CREDIT TYPE:

1. Fixed Credit: C. Hrs: [ ]
2. Variable Credit Range:
   Minimum C. Hrs (Check One):
   - [ ] To
   - [ ] Or
   [ ] Maximum C. Hrs
3. Equivalent Credit: [ ] Yes [ ] No

SCHEDULE TYPE:

- Lecture
- Recitation
- Presentation
- Laboratory
- Lab Prep
- Studio
- Distance
- Clinic
- Experimental
- Research
- Ind Study
- Pract/Internship

Schedule Type: [ ]
Min/Max
Per Week
Weeks Offered
% of Credit
Allocated

COURSE DESCRIPTION (INCLUDE REQUIRED/RESTRICTION):

Prerequisites: MET 223, Corequisite: ET 200.
(Course description does not change)

COLUMBUS DEPARTMENT HEAD: [Signature]
Date: 2/23/09
COLUMBUS SCHOOL DEAN: [Signature]
Date: 3-18-09

FORT WAYNE DEPARTMENT HEAD: [Signature]
Date: 
FORT WAYNE SCHOOL DEAN: [Signature]
Date: 

INDIANAPOLIS DEPARTMENT HEAD: [Signature]
Date: 
INDIANAPOLIS SCHOOL DEAN: [Signature]
Date: 

NORTH CENTRAL DEPARTMENT HEAD: [Signature]
Date: 
NORTH CENTRAL CHANCELLOR: [Signature]
Date: 

WEST LAFAYETTE DEPARTMENT HEAD: [Signature]
Date: 
WEST LAFAYETTE COLLEGE/SCHOOL DEAN: [Signature]
Date: 

OFFICE OF THE REGISTRAR.