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 prerequisites
11. Change in semesters offered (department head signature only)
12. Transfer from one department to another

PROPOSED:

Subject Abbreviation:
EXISITNG:
Subject Abbreviation: ARET

Course Number:
Course Number: 222

Long Title: Architectural Engineering Construction II
Short Title: Arch Eng Constr II

TERMS OFFERED: Check All That Apply:
- Summer
- Fall
- Spring

CAMPUS(ES) INVOLVED:
- R. Central
- Tech Statewide
- W. Lafayette

CREDIT TYPE

1. Fixed Credit Crl. Hrs:
2. Variable Credit Range:
   Minimum Cr. Hrs: __________
   (Check One) To: __________
   Maximum Cr. Hrs: __________
3. Equivalent Credit: Yes [ ] No [ ]

COURSE ATTRIBUTES: Check All That Apply
- Registration Approval Type
  - Department [ ]
  - Instructor [ ]
- Variable Title [ ]
- Honors [ ]
- Full Time Privilege [ ]
- Off Campus Experience [ ]

SCHEDULE TYPE
Lecture
Recitation
Presentation
Laboratory
Lab Prep
Studio
Distance
Clinic
Experiential
Research
Int. Study
Pract/Observ

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUESTS/RESTRICTIONS):
Prerequisite: ARET 167, ARET 281
(Course description does not change)

Column Department Head: ____________________ Date: 2/23/09

Column School Dean: ____________________ Date: 3-18-09

Fort Wayne Department Head: ____________________ Date: ____________________

Fort Wayne School Dean: ____________________ Date: ____________________

Indianapolis Department Head: ____________________ Date: ____________________

Indianapolis School Dean: ____________________ Date: ____________________

North Central Department Head: ____________________ Date: ____________________

North Central Chancellor: ____________________ Date: ____________________

West Lafayette Department Head: ____________________ Date: ____________________

West Lafayette College/School Dean: ____________________ Date: ____________________

West Lafayette Registrar: ____________________ Date: ____________________

OFFICE OF THE REGISTRAR