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

**DEPARTMENT** | Consumer & Family Sciences  
**EFFECTIVE SESSION** | Spring 2010

**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** |  
**Course Number** | 20400

**EXISTING:**

**Subject Abbreviation** | FN

**Course Number** |  

**Long Title** | Food, History & Culture

**Short Title** | Food, Hist & Culture

**Abbreivated title will be entered by the Office of the Registrar if one exists. (30 CHARACTERS ONLY)**

**TERMS OFFERED**

- [ ] Summer
- [ ] Fall
- [ ] Spring

**CAMPUS(ES) INVOLVED**

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

**CREDIT TYPE**

1. Fixed Credit Cr. Hrs.: 3
2. Variable Credit Range:  
   - Minimum Cr. Hrs.:  
   - Maximum Cr. Hrs.:  
3. Equivalent Credit Yes

**MINIMUM CR. HRS.**

- [ ] 0 Cr
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**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
- [ ] 7. Variable Title
- [ ] 8. Honors
- [ ] 9. Full Time Privilege
- [ ] 10. Off Campus Experience

**COURSES DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**

P: HTM 100

**NO CHANGE IN COURSE DESCRIPTION**

**COURSE LEARNING OUTCOMES**

**Cross-Listed Courses**

**Office of the Registrar**

- [ ] Course Manager: [Signature]  
  Date: 2/10/10
- [ ] Fort Wayne Department Head: [Signature]  
  Date: [Date]
- [ ] Indianapolis Department Head: [Signature]  
  Date: [Date]
- [ ] North Central Faculty Senate Chair: [Signature]  
  Date: [Date]
- [ ] West Lafayette Department Head: [Signature]  
  Date: [Date]