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.

- New course with supporting documents
- Add existing course offered at another campus
- Expiration of a course
- Change in course number
- Change in course title
- Change in course credit type
- Change in course attributes (department head signature only)
- Change in instructional hours
- Change in course description
- Change in course requisites
- Change in semesters offered (department head signature only)
- Transfer from one department to another

PROPOSED:

Subject Abbreviation: [ ]
Existing: HTM
Course Number: 49100

Long Title: Wine & Beverage Knowledge
Short Title: Wine & Bev Knowledge

TERMS OFFERED:

- Summer
- Fall
- Spring

CAMPUS(ES) INVOLVED:

- Calumet
- Ft. Wayne
- Indianapolis
- M. Central
- Tech Statewide
- V. Lafayette

CREDIT TYPE:

1. Fixed Credit Cr, Hrs: 3
2. Variable Credit Range: [ ]
   Minimum Cr, Hrs: [ ]
   Maximum Cr, Hrs: [ ]

3. Equivalent Credit: Yes [ ] No [ ]

Schedule Type:

<table>
<thead>
<tr>
<th>Lecture</th>
<th>Minutes</th>
<th>Meetings Per Week</th>
<th>Weeks Offered</th>
<th>% of Credit Allocated</th>
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COURSE ATTRIBUTES:

- Pass/No Pass Only [ ]
- Satisfactory/Unsatisfactory Only [ ]
- Repeatability [ ]
- Max Repeatable Credits [ ]
- Credit by Examination [ ]
- Special Fees [ ]

Cross-Listed Courses:

COURSE DESCRIPTION (INCLUDE REQUIREMENTS/RESTRICTIONS):

P: HTM 23100, HTM 31000, FNN 30400, HTM 32200, HTM 37100

NO CHANGE IN COURSE DESCRIPTION

COURSE LEARNING OUTCOMES

Signature of Department Head: [ ]
Date: 2/4/10

Signature of Calumet School Dean: [ ]
Date: 2/10/10

Signature of Ft. Wayne Department Head: [ ]
Date: [ ]

Signature of Ft. Wayne School Dean: [ ]
Date: [ ]

Signature of Indianapolis Department Head: [ ]
Date: [ ]

Signature of Indianapolis School Dean: [ ]
Date: [ ]

Signature of North Central Faculty Senate Chair: [ ]
Date: [ ]

Signature of Vice Chancellor for Academic Affairs: [ ]
Date: [ ]

Signature of West Lafayette Department Head: [ ]
Date: [ ]

Signature of West Lafayette College/School Dean: [ ]
Date: [ ]

Signature of West Lafayette Registrar: [ ]
Date: [ ]

OFFICE OF THE REGISTRAR