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

DEPARTMENT Philosophy

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

PROPOSED:

Subject Abbreviation: PHIL
Course Number: 32800
Long Title: Ethics and Animals
Short Title: 

EXISTING:

Subject Abbreviation: PHIL
Course Number: 
Long Title: Ethics and Animals
Short Title: 

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

CAMPUS(ES) INVOLVED:
- Calumet
- Cont Ed
- Ft. Wayne
- Indiana State
- N. Central
- Tech Statewide
- W. Lafayette

ABBREVIATED TITLE WILL BE ENTERED BY THE OFFICE OF THE REGISTRAR IF OMITTED. (33 CHARACTERS ONLY)

CREDIT TYPE

<table>
<thead>
<tr>
<th>1. Fixed Credit: Cr. Hrs.</th>
<th>2. Variable Credit Range:</th>
<th>3. Equivalent Credit:</th>
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<tbody>
<tr>
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<td>Minimum Cr. Hrs. (Check One)</td>
<td>Maximum Cr. Hrs.</td>
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<td>Or</td>
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COURSE ATTRIBUTES:
Check All That Apply

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<tr>
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<td>Maximum Repeatable Credit:</td>
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<td>Credit by Examination</td>
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<td>Special Fees</td>
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Schedule/Type

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<tr>
<th>Lecture</th>
<th>Recitation</th>
<th>Presentation</th>
<th>Laboratory</th>
<th>Lab Prep</th>
<th>Studio</th>
<th>Distance</th>
<th>Clinic</th>
<th>Experiential</th>
<th>Research</th>
<th>Ind. Study</th>
<th>Pract/Observ</th>
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% of Credit Allocated

Weeks Offered

Meetings Per Week

Minutes Per Mlg

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):
Recommended: PHIL 1100
(The course description is not changing - adding the missing prerequisite/recommendation only)

**COURSE LEARNING OUTCOMES:**

[Signature]
Calumet Department Head
Date

[Signature]
Fort Wayne Department Head
Date

[Signature]
Calumet School Dean
Date

[Signature]
Fort Wayne School Dean
Date

[Signature]
Indiana State University Dean
Date

[Signature]
Indy. State University School Dean
Date

[Signature]
Vice Chancellor for Academic Affairs
Date

[Signature]
West Lafayette Department Head
Date

[Signature]
West Lafayette College/School Dean
Date

[Signature]
West Lafayette Registrar
Date

OFFICE OF THE REGISTRAR