**PURDUE UNIVERSITY**

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

**DEPARTMENT** Communication Sciences & Disorders  
**EFFECTIVE SESSION** Spring 2012

**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: CSD
- Course Number: 30200
- Long Title: Acoustic Bases of Speech and Hearing
- Short Title: Acoustic Bases of Spch & Hear

**EXISTING:**
- Subject Abbreviation: CSD
- Course Number: 30200

**TERMS OFFERED**
- Fall
- Spring
- Summer

**CAMPUS(ES) INVOLVED**
- Ft. Wayne
- Indianapolis

Abbreviated title will be entered by the Office of the Registrar if omitted. (20 CHARACTERS ONLY)

**CREDIT TYPE**

<table>
<thead>
<tr>
<th>1. Fixed Credit Cr., Hrs.</th>
<th>2. Variable Credit Range (Minimum Cr., Hrs)</th>
<th>3. Equivalent Credit</th>
<th>4. Pass/No Pass Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Check One) To Or</td>
<td>Yes No</td>
<td></td>
</tr>
</tbody>
</table>

**COURSE ATTRIBUTES:** Check All That Apply

- 6. Registration Approval Type
- Instructor
- 7. Variable Title
- 8. Honors
- 9. Full Time Privilege
- 10. Off Campus Experience
- 5. Fees: Coop Lab Rate Request

**Schedule Type**

<table>
<thead>
<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/Observe</th>
<th>Cross-Listed Courses</th>
</tr>
</thead>
</table>

**COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):**
(Add the following to the current description) Restricted to CSD majors only, unless departmental permission granted

**COURSE LEARNING OUTCOMES:**

**Department Heads and Signatures**

- **Columnet Department Head**
  - Signature: [Signiture]
  - Date: 11/17/11

- **Columnet School Dean**
  - Signature: [Signature]
  - Date: 11/23/11

- **Fort Wayne Department Head**
  - Signature: [Signature]
  - Date: 

- **Fort Wayne School Dean**
  - Signature: [Signature]
  - Date: 

- **Indianapolis Department Head**
  - Signature: [Signature]
  - Date: 

- **Indianapolis School Dean**
  - Signature: [Signature]
  - Date: 

- **North Central Faculty Senate Chair**
  - Signature: [Signature]
  - Date: 

- **Vice Chancellor for Academic Affairs**
  - Signature: [Signature]
  - Date: 

- **West Lafayette Department Head**
  - Signature: [Signature]
  - Date: 

- **West Lafayette College/School Dean**
  - Signature: [Signature]
  - Date: 

- **West Lafayette Registrar**
  - Signature: [Signature]
  - Date: 

**OFFICE OF THE REGISTRAR**