**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.

<table>
<thead>
<tr>
<th>1.</th>
<th>New course with supporting documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Add existing course offered at another campus</td>
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<tr>
<td>3.</td>
<td>Expiration of a course</td>
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<tr>
<td>4.</td>
<td>Change in course number</td>
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<tr>
<td>5.</td>
<td>Change in course title</td>
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<tr>
<td>6.</td>
<td>Change in course credit/type</td>
</tr>
<tr>
<td>7.</td>
<td>Change in course attributes (department head signature only)</td>
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<tr>
<td>8.</td>
<td>Change in instructional hours</td>
</tr>
<tr>
<td>9.</td>
<td>Change in course description</td>
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<tr>
<td>10.</td>
<td>Change in course requisites</td>
</tr>
<tr>
<td>11.</td>
<td>Change in semesters offered (department head signature only)</td>
</tr>
<tr>
<td>12.</td>
<td>Transfer from one department to another</td>
</tr>
</tbody>
</table>

**PROPOSED:**
Subject Abbreviation: CSD  
Course Number: 30400
Long Title: Anatomy and Physiology of the Speech and Hearing Mechanism
Short Title: Anat Phys Of Spch & Hear Mec

Abbreviated title will be entered by the Office of the Registrar if omitted. (30 CHARACTERS ONLY)

**TERMS OFFERED**  
Check All That Apply:  
- [X] Fall  
- [X] Spring  
- [ ] Summer

**CAMPUS(ES) INVOLVED**  
- Calumet  
- Cont Ed  
- Ft. Wayne  
- Indianapolis  
- W. Lafayette

**CREDIT TYPE**
1. Fixed Credit: Cr. Hrs.:  
2. Variable Credit Range: Minimum Cr. Hrs.:  
   (Check One)  
   - To  
   - Or  
   - Maximum Cr. Hrs.:  
3. Equivalent Credit: Yes [ ] No [ ]

**COURSE ATTRIBUTES:** Check All That Apply
1. Pass/Not Pass Only  
2. Satisfactory/Unsatisfactory Only  
3. Repeatable  
4. Credit by Examination  
5. Fees: [ ] Coop [ ] Lab [ ] Rate Request
Include comment to explain fee
6. Registration Approval Type  
   - [ ] Department  
   - [ ] Instructor  
7. Variable Title  
8. Honors  
9. Full Time Privilege  
10. Off Campus Experience

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

**% of Credit Allocated**

**Cross-Listed Courses**

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

**COURSE LEARNING OUTCOMES:**

**OFFICE OF THE REGISTRAR**

__Column Department Head__

11/17/11

__Column School Dean__

11/23/11

__Fort Wayne Department Head__

__Fort Wayne School Dean__

__Indianapolis Department Head__

__Indianapolis School Dean__

__Indianapolis School Dean__

__North Central Faculty Senate Chair__

__Vice Chancellor for Academic Affairs__

__West Lafayette Department Head__

__West Lafayette College/School Dean__

__West Lafayette Registrar__

__Office of the Registrar__