**PURDUE UNIVERSITY**

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

DEPARTMENT: Engineering  
EFFECTIVE SESSION: 201420

**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 prerequisites
- [ ] Change in semesters offered (department head signature only)
- [ ] Transfer from one department to another

**PROPOSED:**

- Subject Abbreviation: 
- Course Number: 25100
- Long Title: Dynamics
- Short Title: 

**EXISTING:**

- Subject Abbreviation ME
- Course Number: 25100
- Long Title: Dynamics
- Short Title: 

**TERMS OFFERED**

- Fall
- Spring
- Summer

**CAMPUS(ES) INVOLVED**

- Calumet
- Coni Ed
- Ft. Wayne
- Indianapolis
- N. Control
- Tech Statewide
- W. Lafayette

**CREDIT TYPE**

- 1. Fixed Credit: Cr. Hrs. 3 LEC
- 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. Fee: Req Coop Req Lab Req Rate Request
- 6. Registration Approval Type: Department Instructor
- 7. Variable Title
- 8. Honors
- 9. Full Time Privilege
- 10. Off Campus Experience

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

P: ME 25000  
C: MA 36300

**COURSE LEARNING OUTCOMES:**

**Cross-Listed Courses**

CE 25100

**Office of the Registrar**

Calumet Department Head: 
Department Head: 
Date: 
Date: 

Ft. Wayne Department Head: 
Department Head: 
Date: 
Date: 

Indianapolis Department Head: 
Department Head: 
Date: 
Date: 

North Central Faculty Senate Chair: 
Date: 

West Lafayette Department Head: 
Department Head: 
Date: 
Date: 

West Lafayette Registrar: 
Date: 

Print Form