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

DEPARTMENT MCET

EFFECTIVE SESSION Fall 2015 (201610)

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
- Completion of a course
- Change in course number
- Change in course title
- Change in course credit

PROPOSED:

Subject Abbreviation: CET
Course Number: 25300
Long Title: Hydraulics and Drainage
Short Title: 

EXISTING:

Subject Abbreviation: CET
Course Number: 25300
Long Title: Hydraulics and Drainage
Short Title: 

TERMS OFFERED

- Fall
- Spring

CAMPUS(ES) INVOLVED

- Calumet
- Cont Ed
- N. Central
- Tech Statewide
- Ft. Wayne
- W. Lafayette
- Indianapolis

Abbreviated title will be entered by the Office of the Registrar if omitted. (35 CHARACTERS ONLY)

CREDIT TYPE

1. Fixed Credit: Cr. Hrs.
2. Variable Credit Range: Minimum Cr. Hrs. (Check One)
   - To
   - Or
   - Maximum Cr. Hrs.
   - Equivalent Credit: Yes

COURSE ATTRIBUTES: Check All That Apply

1. Pass/Not Pass Only
2. Satisfactory/Unsatisfactory Only
3. Repeatable
   - Maximum Repeatable Credit:
4. Credit by Examination
5. Fees: [ ] Coop [ ] Lab [ ] Rate Request

Include comment to explain fee

Schedule Type

- Lecture
- Recitation
- Presentation
- Laboratory
- Lab Prep
- Studio
- Distance
- Clinic
- Experiential
- Research
- Ind. Study
- Pract/Observe

Cross-Listed Courses

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):

P: ET 10050 with a grade of C- or better

*COURSE LEARNING OUTCOMES:

Calumet Department Head: [Signature]
Date: 3/4/15

Calumet School Dean: [Signature]
Date: 3/4/15

Ft. Wayne Department Head: [Signature]
Date: 

Ft. Wayne School Dean: [Signature]
Date: 

Indianapolis Department Head: [Signature]
Date: 

Indianapolis School Dean: [Signature]
Date: 

North Central Faculty Senate Chair: [Signature]
Date: 

Vice Chancellor for Academic Affairs: [Signature]
Date: 

West Lafayette Department Head: [Signature]
Date:  

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

West Lafayette Registrar: [Signature]
Date: 

OFFICE OF THE REGISTRAR