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

DEPARTMENT: MCET
EFFECTIVE SESSION: 201510 (Fall 2014)

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

PROPOSED:

Subject Abbreviation: IET

EXISTING:

Subject Abbreviation: IET

Course Number: 45400

COURSE NUMBER

Long Title: Statistical Process Control

Short Title: Statistical Process Control

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

COURSE ATTRIBUTES: Check All That Apply

0. Registration Approval Type
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

TERM OFFERED:

Check All That Apply:

Fall [x] Spring [x] Summer

CAMPUS(ES) INVOLVED:

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

COURSE DESCRIPTION (INCLUDE REQUISITES/RESTRICTIONS):
P: IET 20400 and STAT 36100 or IET 20500

*COURSE LEARNING OUTCOMES:

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<thead>
<tr>
<th>Schedule Type</th>
<th>Minutes Per Mtg</th>
<th>Meetings Per Week</th>
<th>Weeks Offered</th>
<th>% of Credit Allocated</th>
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Cross-Listed Courses

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Office of the Registrar

Calumet Department Head: [Signature]
Date: 3/6/14

Calumet School Dean: [Signature]
Date:

Fort Wayne Department Head: [Signature]
Date: 3/6/14

Fort 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: