

The addition or removal of any restriction or change in credit hours in a course requires that this form, accompanied by any supporting documentation, be completed and approved as indicated below.

COLLEGE College of Engineering DEPARTMENT Mechanical and Aerospace Engineering

REQUEST IS FOR A CHANGE IN COURSE MAE 3064 TO BE INITIATED WITH CATALOG YEAR 2008 /2009
Alpha Prefix Course Number

IS REQUEST FOR A CHANGE IN CREDITS FOR COURSE LISTED ABOVE? Yes No If yes, current credits _____ requested credits _____

IS REQUEST TO CHANGE RESTRICTIONS FOR COURSES LISTED ABOVE? Yes No If yes, please check all that apply:

- | | | | | | | |
|------------------------------|--|--|--------------------------------------|--|------------------------------|--|
| <input type="checkbox"/> Add | <input checked="" type="checkbox"/> Remove | <input checked="" type="checkbox"/> Prerequisite | <input type="checkbox"/> Corequisite | <u>MAE</u> | <u>2082</u> | <input type="checkbox"/> and <input type="checkbox"/> or |
| | | | | <small>Subject</small> | <small>Course Number</small> | |
| <input type="checkbox"/> Add | <input checked="" type="checkbox"/> Remove | <input checked="" type="checkbox"/> Prerequisite | <input type="checkbox"/> Corequisite | <u>MAE</u> | <u>3191</u> | <input type="checkbox"/> and <input type="checkbox"/> or |
| | | | | <small>Subject</small> | <small>Course Number</small> | |
| <input type="checkbox"/> Add | <input checked="" type="checkbox"/> Remove | <input checked="" type="checkbox"/> Prerequisite | <input type="checkbox"/> Corequisite | <u>MTH</u> | <u>2201</u> | <input type="checkbox"/> and <input type="checkbox"/> or |
| | | | | <small>Subject</small> | <small>Course Number</small> | |
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Other restrictions (e.g., Senior Standing, Instructor Approval) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list below: | |

Remove Prerequisite PHY 2002

Add Corequisite MAE 3061 or MAE 3161

APPROVALS: Upon completion of appropriate department approvals, submit form to Chair, Graduate Council, or Chair, Undergraduate Curriculum Committee for approval below and forward to Catalog Director.

Mark Chandra 8/21/07
Originator Date Chair, Graduate Council Date

Debra J. Lee 8/22/07 OR
Department Head/Program Chair Date

Debra J. Lee 8-24-07
Dean or Associate Dean Date Chair, Undergraduate Curriculum Committee Date

CATALOG DIRECTOR'S USE ONLY

SCACRSE _____ SCADTEL _____ SCAPREQ _____ SCABASE _____ SCARRS _____

Operator Init _____ Date _____

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COLLEGE College of Engineering DEPARTMENT Mechanical and Aerospace Engineering

REQUEST IS FOR A CHANGE IN COURSE MAE 2081 TO BE INITIATED WITH CATALOG YEAR 2008 /2009
Alpha Prefix Course Number

IS REQUEST FOR A CHANGE IN CREDITS FOR COURSE LISTED ABOVE? Yes No If yes, current credits _____ requested credits _____

IS REQUEST TO CHANGE RESTRICTIONS FOR COURSES LISTED ABOVE? Yes No If yes, please check all that apply:

- | | | | | | | |
|------------------------------|--|--|---|--|----------------------------|--|
| <input type="checkbox"/> Add | <input checked="" type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite | <input checked="" type="checkbox"/> Corequisite | <u>MTH</u> | <u>2001</u> | <input type="checkbox"/> and <input type="checkbox"/> or |
| | | | | Subject | Course Number | |
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite | <input type="checkbox"/> Corequisite | _____ | _____ | <input type="checkbox"/> and <input type="checkbox"/> or |
| | | | | Subject | Course Number | |
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite | <input type="checkbox"/> Corequisite | _____ | _____ | <input type="checkbox"/> and <input type="checkbox"/> or |
| | | | | Subject | Course Number | |
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Other restrictions (e.g., Senior Standing, Instructor Approval) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list below: | |

APPROVALS: Upon completion of appropriate department approvals, submit form to Chair, Graduate Council, or Chair, Undergraduate Curriculum Committee for approval below and forward to Catalog Director.

[Signature] 8/16/07
Originator Date Chair, Graduate Council Date

[Signature] 8/16/07 OR
Department Head/Program Chair Date

[Signature] 8-21-07
Dean or Associate Dean Date Chair, Undergraduate Curriculum Committee Date

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SCACRSE _____ SCADETL _____ SCAPREQ _____ SCABASE _____ SCARRES _____
Operator Init _____ Date _____

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COLLEGE College of Engineering DEPARTMENT Mechanical and Aerospace Engineering

REQUEST IS FOR A CHANGE IN COURSE MAE 4281 TO BE INITIATED WITH CATALOG YEAR 2008 /2009
Alpha Prefix Course Number

IS REQUEST FOR A CHANGE IN CREDITS FOR COURSE LISTED ABOVE? Yes No If yes, current credits _____ requested credits _____

IS REQUEST TO CHANGE RESTRICTIONS FOR COURSES LISTED ABOVE? Yes No If yes, please check all that apply:

- | | | | | | | |
|------------------------------|--|--|---|--|----------------------------|--|
| <input type="checkbox"/> Add | <input checked="" type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite | <input checked="" type="checkbox"/> Corequisite | <u>MAE</u> | <u>4284</u> | <input type="checkbox"/> and <input type="checkbox"/> or |
| | | | | Subject | Course Number | |
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite | <input type="checkbox"/> Corequisite | _____ | _____ | <input type="checkbox"/> and <input type="checkbox"/> or |
| | | | | Subject | Course Number | |
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Prerequisite | <input type="checkbox"/> Corequisite | _____ | _____ | <input type="checkbox"/> and <input type="checkbox"/> or |
| | | | | Subject | Course Number | |
| <input type="checkbox"/> Add | <input type="checkbox"/> Remove | <input type="checkbox"/> Other restrictions (e.g., Senior Standing, Instructor Approval) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list below: | |

APPROVALS: Upon completion of appropriate department approvals, submit form to Chair, Graduate Council, or Chair, Undergraduate Curriculum Committee for approval below and forward to Catalog Director.

[Signature] 8/16/07 _____
Originator Date Chair, Graduate Council Date

[Signature] 8/16/07 OR _____
Department Head/Program Chair Date

[Signature] 8-21-07 _____
Dean or Associate Dean Date Chair, Undergraduate Curriculum Committee Date

CATALOG DIRECTOR'S USE ONLY

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Operator Init _____ Date _____

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