

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 Engineering DEPARTMENT Mechanical and Aerospace Engineering

REQUEST IS FOR A CHANGE IN COURSE MAE 4242 TO BE INITIATED WITH CATALOG YEAR 2009 /2010
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 checked="" type="checkbox"/> Add | <input type="checkbox"/> Remove | <input checked="" type="checkbox"/> Prerequisite | <input type="checkbox"/> Corequisite | <u>MAE</u> | <u>4014</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"/> Prerequisite | <input type="checkbox"/> Corequisite | _____ | _____ | <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"/> Prerequisite | <input type="checkbox"/> Corequisite | _____ | _____ | <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 checked="" type="checkbox"/> No | <i>If yes, please list below:</i> | |

MAE4242 Aircraft Stability and Control

MAE4014 Control Systems

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.

Taeyoung Lee 10/11/08
Originator Date Chair, Graduate Council Date

Rebecca Hsu 10/17/08
Department Head/Program Chair Date OR

[Signature] 10-29-08
Dean or Associate Dean Date Chair, Undergraduate Curriculum Committee Date

CATALOG DIRECTOR'S USE ONLY

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

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