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 CHANGE IN COURSE  M  A  E  3 0  2  4  Computer-Aided Engineering

Prefix  Number  Course Title

TO BE INCLUDED IN 20  2011  1 2 CATALOG AND EFFECTIVE IN THE BANNER SYSTEM FOR  Summer 2011  TERM

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 COURSE LISTED ABOVE?  ☐ Yes  ☐ No  ☐ if yes, please check all that apply:

☐ Add  ☐ Remove  ☐ Prerequisite  ☐ Corequisite  ☐ and  ☐ or

☐ Add  ☐ Remove  ☐ Prerequisite  ☐ Corequisite  ☐ and  ☐ or

☐ Add  ☐ Remove  ☐ Prerequisite  ☐ Corequisite  ☐ and  ☐ or

☐ Add  ☐ Remove  ☐ Other Restrictions  ☐ Yes  ☐ No  ☐ if yes, please list below:

Adding "or MTH 3210"

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.

1) [Signature]  8/25/10  Originator

2) [Signature]  9/10/10  Chair, Graduate Council

3) [Signature]  9-13-10  Chair, Undergraduate Curriculum Committee

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RGR-609-1009
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 CHANGE IN COURSE: ME 4024 Mechanical Vibrations

Prefix Number Course Title

TO BE INCLUDED IN 2010-2011 CATALOG AND EFFECTIVE IN THE BANNER SYSTEM FOR Summer 2011 TERM

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 COURSE LISTED ABOVE? ☑ Yes ☐ No If yes, please check all that apply:

☐ Add ☐ Remove ☐ Prerequisite ☐ Corequisite Prefix Number and ☐ or

☐ Add ☐ Remove ☐ Prerequisite ☐ Corequisite Prefix Number and ☐ or

☐ Add ☐ Remove ☐ Prerequisite ☐ Corequisite Prefix Number and ☐ or

☐ Add ☐ Remove ☐ Other Restrictions ☐ Yes ☐ No If yes, please list below:

Adding "or MTH 3210"

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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.

1) [Signature] 8/25/10
   Originator Date

2) [Signature] 8/25/10
   Date

3) [Signature] 8-31-10
   Date

4) Chair, Graduate Council Date

OR

Chair, Undergraduate Curriculum Committee Date

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**CHANGING RESTRICTIONS OR CREDITS IN A COURSE**

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 CHANGE IN COURSE**  
**Prefix** M  
**Number** 4171  
**Course Title** Principles of Heat Transfer

**TO BE INCLUDED IN 2011-2012 CATALOG AND EFFECTIVE IN THE BANNER SYSTEM FOR Summer 2011 TERM**

**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 COURSE LISTED ABOVE?**  
[ ] Yes  [ ] No  
If yes, please check all that apply:

- [ ] Add  [ ] Remove  [ ] Prerequisite  [ ] Corequisite  
  **Prefix** ________  **Number** ________  
  **Prefix** ________  **Number** ________  
  **Prefix** ________  **Number** ________  
  **Prefix** ________  **Number** ________

- [ ] Add  [ ] Remove  [ ] Prerequisite  [ ] Corequisite  
  **Prefix** M  
  **Number** 3210  
  **Prefix** ________  **Number** ________  
  **Prefix** ________  **Number** ________  
  **Prefix** ________  **Number** ________

- [ ] Add  [ ] Remove  [ ] Other Restrictions  [ ] Yes  [ ] No  
  If yes, please list below:
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

Adding "or MTH 3210"

________________________
________________________
________________________
________________________

**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.**

1) **Mark Affendt**  
   **Date** 8/25/10
2) **Department Head/Program Chair**  
   **Date** 8/25/10
3) **Dean of Associate Dean**  
   **Date** 8-31-10
4) **Chair, Graduate Council**
   **Date**
5) **Chair, Undergraduate Curriculum Committee**
   **Date**

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