CBM003 ADD/CHANGE FORM

☐ Undergraduate Council  ☐ Graduate/Professional Studies Council
☐ New Course  ☒ Course Change  ☐ New Course  ☐ Course Change
Core Category: _____  Effective Fall 2007  Effective Fall ___

1. Department: _____  College: ARCH

2. Person Submitting Form: Lannis Kirkland  Telephone: 3-2363

3. Course Information on New/Revised course:
   • Instructional Area / Course Number / Long Course Title:
     IND5420 / Design Internship
   • Instructional Area / Course Number / Short Course Title (30 characters max.)
     IND5420 / DESIGN INTERNSHIP
   • SCH: 2.00  Level: SR  CIP Code: 50040400003  Lect Hrs: 0  Lab Hrs: 6

4. Justification for adding/changing course: To provide flexibility in scheduling

5. Was the proposed/revised course previously offered as a special topics course?  ☐ Yes  ☒ No
   If Yes, please complete:
   • Instructional Area / Course Number / Long Course Title:
     _____ / _____ / _____
   • Content ID: _____  Start Date (yyyy3): ________

6. Is this course offered for undergraduate credit only?  ☒ Yes  ☐ No

7. Authorized Degree Program(s): IND DES
   • Does this course affect major/minor requirements in the College/Department?  ☐ Yes  ☒ No
   • Does this course affect major/minor requirements in other Colleges/Departments?  ☐ Yes  ☒ No
   • Are special fees attached to this course?  ☐ Yes  ☒ No
   • Can the course be repeated for credit?  ☒ Yes  ☐ No

8. Grade Option: Letter (A, B, C ... )  Instruction Type: practicum

9. If this form involves a change to an existing course, please obtain the following information from
   the course inventory: Instructional Area / Course Number / Long Course Title
     _____ / _____ / _____
   • Start Date (yyyy3): ________  Content I.D.: ________

10. Proposed Catalog Description: (If there are no prerequisites, type in "none").
    Cr: 2. (0-6).  Prerequisites: IND5000 and prior written approval from the dean  Description (30 words
        max.): Application of design knowledge and techniques through work experience at design
        consultancies or related companies.  Requires employer evaluation.

11. Dean's Signature: ___________________________  Date: 10-12-06
    Print/Type Name: Joseph Mashburn