

CBM003 ADD/CHANGE FORM

Undergraduate Council
 New Course Course Change

Core Category: NONE Effective Fall 2007

or

Graduate/Professional Studies Council
 New Course Course Change

Effective Fall

1. Department: Physics College: NSM
2. Person Submitting Form: James R. Benbrook Telephone: 743-3520

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3. Course Information on New/Revised course:
• Instructional Area / Course Number / Long Course Title:
PHYS / 4322 / Intermediate Electromagnetic Theory II
• Instructional Area / Course Number / Short Course Title (30 characters max.)
PHYS / 4322 / INTERMEDIATE ELECTROMAGNETICS
• SCH: 3.00 Level: SR CIP Code: 40.0801.00 Lect Hrs: 3 Lab Hrs: 0

APPROVED FEB 21 2007

4. Justification for adding/changing course: To more accurately reflect course content/level

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): B.S.:B.A./Physics

• 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: lecture

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

PHYS / 4322 / Intermediate Electromagnetic Theory

• Start Date (yyyy3): _____ Content I.D.: 292194

10. Proposed Catalog Description: (If there are no prerequisites, type in "none".)

Cr: 3 (3-0). Prerequisites: PHYS 4321. Description (30 words max.): Maxwell's equations, solutions of Maxwell's equation for unbounded and bounded problems, radiation, and special relativity.

11. Dean's Signature: _____ Date: _____

Print/Type Name: _____