

FLORIDA ATLANTIC UNIVERSITY™

UGPC APPROVAL _____
UFS APPROVAL _____
SCNS SUBMITTAL _____
CONFIRMED _____
BANNER POSTED _____
ONLINE _____
MISC _____

Graduate Programs—COURSE CHANGE REQUEST

DEPARTMENT NAME: COUNSELOR EDUCATION

COLLEGE OF: EDUCATION

COURSE PREFIX & NUMBER: MHS 7980

CURRENT COURSE TITLE: DISSERTATION

CHANGE(S) REQUESTED

SHOW "X" IN FRONT OF OPTION

X CHANGE CREDITS FROM 3-6 TO: 1-6
CHANGE GRADING FROM TO:
CHANGE PREREQUISITES TO:
CHANGE MINIMUM GRADE TO:
CHANGE COREQUISITES TO:
CHANGE OTHER REGISTRATION CONTROLS TO:
OTHER

SHOW "X" IN FRONT OF OPTION

CHANGE PREFIX FROM TO:
CHANGE COURSE NO. FROM TO:
CHANGE TITLE TO:
CHANGE DESCRIPTION TO:

CHANGES TO BE EFFECTIVE (TERM):

Attach syllabus for ANY changes to current course information.

Will the requested change(s) cause this course to overlap any other FAU course(s)? If yes, please list course(s).
YES NO X

Any other departments and/or colleges that might be affected by the change(s) must be consulted. List entities that have been consulted and attach written comments from each.

TERMINATE COURSE, EFFECTIVE (GIVE LAST TERM COURSE IS TO BE ACTIVE):

Faculty Contact, Email, Complete Phone Number:

Paul Peluso

SIGNATURES

SUPPORTING MATERIALS

Approved by:

Department Chair:

College Curriculum Chair:

College Dean:

UGPC Chair:

Dean of the Graduate College:

Date:

Syllabus—must include all criteria as detailed in UGPC Guidelines.

Go to: <http://graduate.fau.edu/gpc/> to access Guidelines and to download this form.

Written Consent—required from all departments affected.

Email this form and syllabus to fulks@fau.edu and eqirjo@fau.edu one week **before** the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website by committee members prior to the meeting.