



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

Graduate Programs—COURSE CHANGE REQUEST

DEPARTMENT NAME: NURSING	COLLEGE OF: NURSING
COURSE PREFIX & NUMBER: NGR 6233	CURRENT COURSE TITLE: ADVANCED NURSING SITUATIONS: CARE OF ADULTS WITH COMPLEX, SPECIALIZED HEALTH NEEDS

CHANGE(S) REQUESTED

<p>SHOW "X" IN FRONT OF OPTION</p> <p>CHANGE CREDITS FROM _____ TO: _____</p> <p>CHANGE GRADING FROM _____ TO: _____</p> <p>CHANGE PREREQUISITES TO: NGR 6605</p> <p>CHANGE MINIMUM GRADE TO: _____</p> <p>CHANGE COREQUISITES TO: _____</p> <p>CHANGE OTHER REGISTRATION CONTROLS TO: _____</p> <p>OTHER _____</p>	<p>SHOW "X" IN FRONT OF OPTION</p> <p>CHANGE PREFIX FROM _____ TO: _____</p> <p>CHANGE COURSE NO. FROM _____ TO: _____</p> <p>CHANGE TITLE TO: _____</p> <p>CHANGE DESCRIPTION TO: _____</p>
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CHANGES TO BE EFFECTIVE (TERM): F 2009

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:
 Susan K. Chase, schase@fau.edu, 73389

SIGNATURES

SUPPORTING MATERIALS

<p>Approved by:</p> <p>Department Chair: _____</p> <p>College Curriculum Chair: _____</p> <p>College Dean: _____</p> <p>UGPC Chair: _____</p> <p>Dean of the Graduate College: _____</p>	<p>Date:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Syllabus—must include all criteria as detailed in UGPC Guidelines.</p> <p>Go to: http://graduate.fau.edu/gpc/ to access Guidelines and to download this form.</p> <p>Written Consent—required from all departments affected.</p>
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Graduate Programs—COURSE CHANGE REQUEST

DEPARTMENT NAME: NURSING	COLLEGE OF: NURSING
COURSE PREFIX & NUMBER: NGR 6233L	CURRENT COURSE TITLE: ADVANCED NURSING SITUATIONS IN PRACTICE: CARE OF ADULTS WITH COMPLEX, SPECIALIZED HEALTH NEEDS

CHANGE(S) REQUESTED

<p>SHOW "X" IN FRONT OF OPTION</p> <p>CHANGE CREDITS FROM 3 TO: 4</p> <p>CHANGE GRADING FROM TO:</p> <p>CHANGE PREREQUISITES TO: NGR 6605L</p> <p>CHANGE MINIMUM GRADE TO:</p> <p>CHANGE COREQUISITES TO:</p> <p>CHANGE OTHER REGISTRATION CONTROLS TO:</p> <p>OTHER</p>	<p>SHOW "X" IN FRONT OF OPTION</p> <p>CHANGE PREFIX FROM TO:</p> <p>CHANGE COURSE NO. FROM TO:</p> <p>CHANGE TITLE TO:</p> <p>CHANGE DESCRIPTION TO:</p>
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Graduate Programs—COURSE CHANGE REQUEST

DEPARTMENT NAME: NURSING	COLLEGE OF: NURSING
COURSE PREFIX & NUMBER: NGR 6605	CURRENT COURSE TITLE: ADVANCED NURSING SITUATIONS: COMPREHENSIVE PRIMARY CARE

CHANGE(S) REQUESTED

<p>SHOW "X" IN FRONT OF OPTION</p> <p>CHANGE CREDITS FROM _____ TO: _____</p> <p>CHANGE GRADING FROM _____ TO: _____</p> <p>CHANGE PREREQUISITES TO: NGR 6200</p> <p>CHANGE MINIMUM GRADE TO: _____</p> <p>CHANGE COREQUISITES TO: _____</p> <p>CHANGE OTHER REGISTRATION CONTROLS TO: _____</p> <p>OTHER _____</p>	<p>SHOW "X" IN FRONT OF OPTION</p> <p>CHANGE PREFIX FROM _____ TO: _____</p> <p>CHANGE COURSE NO. FROM _____ TO: _____</p> <p>CHANGE TITLE TO: _____</p> <p>CHANGE DESCRIPTION TO: _____</p>
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CHANGES TO BE EFFECTIVE (TERM): F 2009

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Graduate Programs—COURSE CHANGE REQUEST

DEPARTMENT NAME: NURSING	COLLEGE OF: NURSING
COURSE PREFIX & NUMBER: NGR 6605L	CURRENT COURSE TITLE: ADVANCED NURSING SITUATIONS IN PRACTICE: COMPREHENSIVE PRIMARY CARE

CHANGE(S) REQUESTED

<p>SHOW "X" IN FRONT OF OPTION</p> <p>CHANGE CREDITS FROM 4 TO: 3</p> <p>CHANGE GRADING FROM TO:</p> <p>CHANGE PREREQUISITES TO: NGR 6200L</p> <p>CHANGE MINIMUM GRADE TO:</p> <p>CHANGE COREQUISITES TO:</p> <p>CHANGE OTHER REGISTRATION CONTROLS TO:</p> <p>OTHER</p>	<p>SHOW "X" IN FRONT OF OPTION</p> <p>CHANGE PREFIX FROM TO:</p> <p>CHANGE COURSE NO. FROM TO:</p> <p>CHANGE TITLE TO:</p> <p>CHANGE DESCRIPTION TO:</p>
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Graduate Programs—COURSE CHANGE REQUEST

DEPARTMENT NAME: NURSING	COLLEGE OF: NURSING
COURSE PREFIX & NUMBER: NGR 6634	CURRENT COURSE TITLE: ADVANCED NURSING SITUATIONS: CARE OF THE CHILDBEARING/CHILDREARING FAMILY

CHANGE(S) REQUESTED

<p>SHOW "X" IN FRONT OF OPTION</p> <p>CHANGE CREDITS FROM _____ TO: _____</p> <p>CHANGE GRADING FROM _____ TO: _____</p> <p>CHANGE PREREQUISITES TO: NGR 6605</p> <p>CHANGE MINIMUM GRADE TO: _____</p> <p>CHANGE COREQUISITES TO: _____</p> <p>CHANGE OTHER REGISTRATION CONTROLS TO: _____</p> <p>OTHER _____</p>	<p>SHOW "X" IN FRONT OF OPTION</p> <p>CHANGE PREFIX FROM _____ TO: _____</p> <p>CHANGE COURSE NO. FROM _____ TO: _____</p> <p>CHANGE TITLE TO: _____</p> <p>CHANGE DESCRIPTION TO: _____</p>
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COURSE PREFIX & NUMBER: NGR 6634L	CURRENT COURSE TITLE: ADVANCED NURSING SITUATIONS IN PRACTICE: CARE OF THE CHILDBEARING/CHILDREARING FAMILY

CHANGE(S) REQUESTED

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