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DEPARTMENT NAME: NURSING	COLLEGE	GE OF: NURSING			
Course Prefix & Number: NGR 6233			LE: ADVANCED N D HEALTH NEEDS		ONS: CARE OF ADULTS WITH
CHANGE(S) REQUESTED					
SHOW "X" IN FRONT OF OPTION		Show "X" IN	N FRONT OF OPTIO	N	
CHANGE CREDITS FROM TO:		CHANG	E PREFIX FROM		то:
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CHANGE PREREQUISITES TO: NGR 6605		Снам	IGE TITLE TO:		
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TERMINATE COURSE, EFFECTIVE (GIVE LAST	TERM COL	IRSE IS TO BI	E ACTIVE):		
Faculty Contact, Email, Complete Phone Number: Susan K. Chase, schase@fau.edu , 73389					
SIGNATURES				SUPPO	ORTING MATERIALS
Approved by:		Date:			include all criteria as detailed in
Department Chair:				UGPC Guideline	
College Curriculum Chair:					duate.fau.edu/gpc/ ines and to download this form.
College Dean:					
UGPC Chair:				Written Consen departments affect	t—required from all cted.
Dean of the Graduate College:					



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DEPARTMENT NAME: NURSING	COLLEGE O	of: Nursing			
Course Prefix & Number: NGR 6233L		NT COURSE TITLE: ADVANCED NURSING SITUATIONS IN PRACTICE: CARE OF SWITH COMPLEX, SPECIALIZED HEALTH NEEDS			
CHANGE(S) REQUESTED					
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CHANGE PREREQUISITES TO: NGR 6605L		CHANGE TITLE TO:			
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DEPARTMENT NAME: NURSING	COLLEGE OF:	NURSING			
	CURRENT COU PRIMARY CAR	INT COURSE TITLE: ADVANCED NURSING SITUATIONS: COMPREHENSIVE RY CARE			
CHANGE(S) REQUESTED					
Show "X" in Front of Option	SHC	OW "X" IN FRONT OF OPTION			
CHANGE CREDITS FROM TO:		CHANGE PREFIX FROM	то:		
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CHANGE PREREQUISITES TO: NGR 6200		CHANGE TITLE TO:			
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DEPARTMENT NAME: NURSING	COLLEGE O	GE OF: NURSING			
Course Prefix & Number: NGR 6605L		NT COURSE TITLE: ADVANCED NURSING SITUATIONS IN PRACTICE: ELENSIVE PRIMARY CARE			
CHANGE(S) REQUESTED					
SHOW "X" IN FRONT OF OPTION	s	HOW "X" IN FRONT OF OPTION			
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CHANGE GRADING FROM TO:		CHANGE COURSE No. FROM	то:		
CHANGE PREREQUISITES TO: NGR 6200L		CHANGE TITLE TO:			
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DEPARTMENT NAME: NURSING	COLLEGE	GE OF: NURSING			
Course Prefix & Number: NGR 6634			IRSE TITLE: ADVANCED NU	JRSING SITUATION	ONS: CARE OF THE
CHANGE(S) REQUESTED					
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CHANGE CREDITS FROM TO:			CHANGE PREFIX FROM		то:
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CHANGE PREREQUISITES TO: NGR 6605			CHANGE TITLE TO:		
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TERMINATE COURSE, EFFECTIVE (GIVE LAST	TERM COU	IRSE	IS TO BE ACTIVE):		
Faculty Contact, Email, Complete Phone Number: Susan K. Chase, schase@fau.edu , 73389					
SIGNATURES				SUPPO	ORTING MATERIALS
Approved by:		D	ate:	Syllabus—must UGPC Guideline	include all criteria as detailed in
Department Chair:		-		Go to: http://gra	duate.fau.edu/gpc/
College Curriculum Chair:		-			ines and to download this form.
College Dean:				Written Conser	nt—required from all
UGPC Chair:				departments affe	
Dean of the Graduate College:		-			



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DEPARTMENT NAME: NURSING	COLLEGE O	GE OF: NURSING			
Course Prefix & Number: NGR 6634L		NT COURSE TITLE: ADVANCED NURSING SITUATIONS IN PRACTICE: CARE OF ILLUBEARING/CHILDREARING FAMILY			
CHANGE(S) REQUESTED					
SHOW "X" IN FRONT OF OPTION	s	HOW "X" IN FRONT OF OPTION			
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