FLORIDA CTLAN UNIVERSITY Graduate Programs—COURSE CHANGE		'Y™ NGE REQUEST	UGPC APPROVAL UFS APPROVAL SCNS SUBMITTAL CONFIRMED BANNER POSTED ONLINE MISC	
DEPARTMENT NAME: NURSING	COLLEG	E OF: NURSING		
Course Prefix & Number: NGR 6250		T COURSE TITLE: ADVANCED N DER ADULTS	IURSING SITUATIONS: HEALTH ASSESSMENT	
CHANGE(S) REQUESTED				
SHOW "X" IN FRONT OF OPTION		SHOW "X" IN FRONT OF OPTIC	DN .	
CHANGE CREDITS FROM TO:		CHANGE PREFIX FROM	то:	
CHANGE GRADING FROM TO:	CHANGE COURSE NO. F		ROM TO:	
CHANGE PREREQUISITES TO:	GE PREREQUISITES TO: CHANGE TITLE TO:			
CHANGE MINIMUM GRADE TO: CHANGE COREQUISITES TO: CHANGE COREQUISITES TO:		CHANGE DESCRIPT	ΊΟΝ ΤΟ:	
CHANGE OTHER REGISTRATION CONTROLS TO:				
Other				
CHANGES TO BE EFFECTIVE (TERM):	CHANGES TO BE EFFECTIVE (TERM):		Attach syllabus for ANY	
		-	irrent course information.	
Will the requested change(s) cause this course to over other FAU course(s)? If yes, please list course(s). YES NO	erlap any	Any other departments the change(s) must be a consulted and attach w	and/or colleges that might be affected by consulted. List entities that have been ritten comments from each.	

Faculty Contact, Email, Complete Phone Number: Susan K. Chase, <u>schase@fau.edu</u>, 73389

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Department Chair:		
College Curriculum Chair:		Go to: <i>http://graduate.fau.edu/gpc/</i> to access Guidelines and to download this form.
College Dean:		
UGPC Chair:		Written Consent—required from all departments affected.
Dean of the Graduate College:		

FLORIDA CTLANTIC UNIVERSITY Graduate Programs—COURSE CHANGE REQUEST DEPARTMENT NAME: NURSING Course Prefix & Number: NGR 6250L Current Course Title: Advanced Massessment with Older Adults		UGPC APPROVAL UFS APPROVAL SCNS SUBMITTAL CONFIRMED BANNER POSTED ONLINE MISC WISC	
CHANGE(S) REQUESTED			
SHOW "X" IN FRONT OF OPTION		SHOW "X" IN FRONT OF OPTION	4
CHANGE CREDITS FROM TO:		CHANGE PREFIX FROM	то:
CHANGE GRADING FROM TO:	CHANGE GRADING FROM TO: CHANGE COURSE NO. FF		ом то:
CHANGE PREREQUISITES TO: CHANGE TITLE TO:		CHANGE TITLE TO:	
CHANGE MINIMUM GRADE TO: CHANGE COREQUISITES TO: CHANGE COREQUISITES TO:		CHANGE DESCRIPTI	ON TO:
CHANGE OTHER REGISTRATION CONTROLS TO:			
OTHER			
CHANGES TO BE EFFECTIVE (TERM):		Attach	syllabus for ANY
		U	rrent course information.
Will the requested change(s) cause this course to ove other FAU course(s)? If yes, please list course(s). YES NO	erlap any	the change(s) must be c_{0}	and/or colleges that might be affected by onsulted. List entities that have been itten comments from each.

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FLORIDA CTLAN UNIVERSITY Graduate Programs—COURSE CHANC		Y™	UGPC APPROVAL UFS APPROVAL SCNS SUBMITTAL CONFIRMED BANNER POSTED ONLINE MISC
Course Prefix & Number: NGR 6253		COURSE TITLE: ADVANCED N	IURSING SITUATIONS: OLDER ADULTS IN
CHANGE(S) REQUESTED			
SHOW "X" IN FRONT OF OPTION		SHOW "X" IN FRONT OF OPTIC	DN
CHANGE CREDITS FROM TO:		CHANGE PREFIX FROM	то:
CHANGE GRADING FROM TO:	CHANGE COURSE NO. F		ROM TO:
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CHANGE MINIMUM GRADE TO: CHANGE COREQUISITES TO: CHANGE COREQUISITES TO:		CHANGE DESCRIPT	ΓΙΟΝ ΤΟ:
CHANGE OTHER REGISTRATION CONTROLS TO:			
Other			
CHANGES TO BE EFFECTIVE (TERM):			n syllabus for ANY
			arrent course information.
Will the requested change(s) cause this course to over other FAU course(s)? If yes, please list course(s).YESNO	erlap any	Any other departments the change(s) must be consulted and attach w	and/or colleges that might be affected by consulted. List entities that have been ritten comments from each.

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UGPC Chair:		Written Consent—required from all departments affected.
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FLORIDA CTLAN UNIVERSITY Graduate Programs—COURSE CHANC DEPARTMENT NAME: NURSING COLLEGE OF		Y™	UGPC APPROVAL UFS APPROVAL SCNS SUBMITTAL CONFIRMED BANNER POSTED ONLINE MISC
Course Prefix & Number: NGR 6253L		COURSE TITLE: ADVANCED N N PRIMARY CARE	IURSING SITUATIONS IN PRACTICE: OLDER
CHANGE(S) REQUESTED			
SHOW "X" IN FRONT OF OPTION		SHOW "X" IN FRONT OF OPTIO	DN .
CHANGE CREDITS FROM TO:		CHANGE PREFIX FROM	то:
CHANGE GRADING FROM TO:	CHANGE COURSE NO. FR		ROM ТО:
CHANGE PREREQUISITES TO:	CHANGE TITLE TO:		
Change Minimum Grade to: Change Corequisites to:		CHANGE DESCRIPT	TION TO:
CHANGE OTHER REGISTRATION CONTROLS TO:			
Other			
CHANGES TO BE EFFECTIVE (TERM):			syllabus for ANY
			irrent course information.
Will the requested change(s) cause this course to over other FAU course(s)? If yes, please list course(s). YES NO	erlap any	Any other departments the change(s) must be a consulted and attach w	and/or colleges that might be affected by consulted. List entities that have been ritten comments from each.

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FLORIDA CTLAI UNIVERSITY Graduate Programs—COURSE CHAN		Y [™] NGE REQUEST	UGPC APPROVAL UFS APPROVAL SCNS SUBMITTAL CONFIRMED BANNER POSTED ONLINE MISC
DEPARTMENT NAME: NURSING	COLLEGE	OF: NURSING	
Course Prefix & Number: NGR 6255	CURRENT	COURSE TITLE: ADVANCED P	ATHOPHYSIOLOGY: GERO
CHANGE(S) REQUESTED			
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CHANGE CREDITS FROM TO:		CHANGE PREFIX FROM	то:
CHANGE GRADING FROM TO:	CHANGE GRADING FROM TO: CHANGE COURSE NO. FROM		ROM TO:
CHANGE PREREQUISITES TO: CHANGE TITLE		CHANGE TITLE TO:	
Change Minimum Grade to: Change Corequisites to:		CHANGE DESCRIPT	ION TO:
CHANGE OTHER REGISTRATION CONTROLS TO:			
Other			
CHANGES TO BE EFFECTIVE (TERM):			syllabus for ANY
			rrent course information.
Will the requested change(s) cause this course to over other FAU course(s)? If yes, please list course(s). YES NO	erlap any	Any other departments the change(s) must be c consulted and attach with	and/or colleges that might be affected by consulted. List entities that have been ritten comments from each.

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Dean of the Graduate College:		

FLORIDA & TLANTIC UNIVERSITY Graduate Programs—COURSE CHANGE REQUEST DEPARTMENT NAME: NURSING College of: Nursing Course Prefix & Number: NGR 6258 Current Course Title: Advance		Y™ NGE REQUEST : of: Nursing	UGPC APPROVAL UFS APPROVAL SCNS SUBMITTAL CONFIRMED BANNER POSTED ONLINE MISC URSING SITUATIONS: OLDER ADULTS IN
	ACUTE/S	SUBACUTE CARE	
CHANGE(S) REQUESTED			
SHOW "X" IN FRONT OF OPTION		SHOW "X" IN FRONT OF OPTIO	N
CHANGE CREDITS FROM TO:		CHANGE PREFIX FROM	то:
CHANGE GRADING FROM TO:	CHANGE GRADING FROM TO: CHANGE COURSE NO. F		ROM TO:
CHANGE PREREQUISITES TO: CHANGE TITLE TO		CHANGE TITLE TO:	
CHANGE MINIMUM GRADE TO: CHANGE COREQUISITES TO: CHANGE COREQUISITES TO:		CHANGE DESCRIPT	ION TO:
CHANGE OTHER REGISTRATION CONTROLS TO:			
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CHANGES TO BE EFFECTIVE (TERM):			syllabus for ANY
			rrent course information.
Will the requested change(s) cause this course to over other FAU course(s)? If yes, please list course(s).YESNO	erlap any	Any other departments the change(s) must be c consulted and attach wi	and/or colleges that might be affected by consulted. List entities that have been ritten comments from each.

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UGPC Chair:		Written Consent—required from all departments affected.
Dean of the Graduate College:		

FLORIDA CTLANTIC UNIVERSITY™ Graduate Programs—COURSE CHANGE REQUEST Department Name: Nursing College of: Nursing Course Prefix & Number: NGR 6258L Current Course Title: Advanced		UGPC APPROVAL UFS APPROVAL SCNS SUBMITTAL CONFIRMED BANNER POSTED ONLINE MISC URSING SITUATIONS IN PRACTICE: OLDER		
	ADULTS I	N ACUTE/SUBACUTE CARE		
CHANGE(S) REQUESTED				
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CHANGE CREDITS FROM TO:		CHANGE PREFIX FROM	то:	
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CHANGE OTHER REGISTRATION CONTROLS TO:				
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CHANGES TO BE EFFECTIVE (TERM):		Attach	syllabus for ANY	
	changes to current course information.			
Will the requested change(s) cause this course to over other FAU course(s)? If yes, please list course(s). YES NO	erlap any	the change(s) must be c	and/or colleges that might be affected by consulted. List entities that have been ritten comments from each.	

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FLORIDA CTLAN UNIVERSITY Graduate Programs—COURSE CHANGE		'Y™ NGE REQUEST	UGPC APPROVAL UFS APPROVAL SCNS SUBMITTAL CONFIRMED BANNER POSTED ONLINE MISC	
	DEPARTMENT NAME: NURSING COLLEGE OF: NURSING			
Course Prefix & Number: NGR 6259	CURRENT COURSE TITLE: ADVANCED NU LONG-TERM CARE		IURSING SITUATIONS: OLDER ADULTS IN	
CHANGE(S) REQUESTED				
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CHANGE PREREQUISITES TO:	CHANGE TITLE TO:			
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CHANGES TO BE EFFECTIVE (TERM):		Attach syllabus for ANY		
		0	irrent course information.	
ill the requested change(s) cause this course to overlap any An ther FAU course(s)? If yes, please list course(s). The YES NO		Any other departments the change(s) must be consulted and attach w	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.	

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Dean of the Graduate College:		

		Y™ NGE REQUEST : of: Nursing	UGPC APPROVAL UFS APPROVAL SCNS SUBMITTAL CONFIRMED BANNER POSTED ONLINE MISC RSING SITUATIONS IN PRACTICE: OLDER
CHANGE(S) REQUESTED			
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Other			
CHANGES TO BE EFFECTIVE (TERM):		Attach syllabus for ANY	
		e	rent course information.
Will the requested change(s) cause this course to over other FAU course(s)? If yes, please list course(s). YES NO	erlap any	lap any Any other departments and/or colleges that might be affe the change(s) must be consulted. List entities that have be consulted and attach written comments from each.	

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FLORIDA CTLANTIC UNIVERSITY Graduate Programs—COURSE CHANGE REQUEST DEPARTMENT NAME: NURSING College of: Nursing		UGPC APPROVAL UFS APPROVAL SCNS SUBMITTAL CONFIRMED BANNER POSTED ONLINE MISC MISC	
Course Prefix & Number: NGR 6287(6192)	JUNILI		
CHANGE(S) REQUESTED			
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CHANGE CREDITS FROM TO:		CHANGE PREFIX FROM	то:
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CHANGES TO BE EFFECTIVE (TERM):		Attach syllabus for ANY	
		changes to current course information.	
Will the requested change(s) cause this course to ove other FAU course(s)? If yes, please list course(s). YES NO	erlap any	lap any 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.	

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