# COURSE CHANGE REQUEST

**DEPARTMENT NAME:** BIOLICAL SCIENCES  
**COLLEGE OF:** CHARLES E SCHMIDT COLLEGE OF SCIENCE  

**COURSE PREFIX & NUMBER:** ENC 6258  
**CURRENT COURSE TITLE:** Scientific Communication

**CHANGE(S) REQUESTED**

<table>
<thead>
<tr>
<th>SHOW “X” IN FRONT OF OPTION</th>
<th>CHANGE PREFIX FROM</th>
<th>TO:</th>
<th>CHANGE COURSE NO. FROM</th>
<th>TO:</th>
<th>X CHANGE CREDITS FROM</th>
<th>2 TO: 3</th>
<th>CHANGE GRADING FROM</th>
<th>TO:</th>
<th>CHANGE PREREQUISITES TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGE MINIMUM GRADE TO:</td>
<td></td>
<td></td>
<td>CHANGE COREQUISITES TO:</td>
<td></td>
<td>CHANGE OTHER REGISTRATION CONTROLS TO:</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHANGE TITLE TO:</td>
<td></td>
<td></td>
<td>CHANGE DESCRIPTION TO:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ATTACH SYLLABUS FOR ANY CHANGES TO CURRENT COURSE INFORMATION.**

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

Faculty Contact, Email, Complete Phone Number:  
Tanja Godenschwege, SC209, godensch@fau.edu, 561-297-1390

**SIGNATURES**

**Approved by:**

Department Chair:  
College Curriculum Chair:  
College Dean:  
UUPC Chair:  
Provost:  

**Date:**  
__August 8, 2011__

**SUPPORTING MATERIALS**

**Syllabus**—must include all criteria as detailed in Guidelines.  
Go to:  
www.fau.edu/academic/registrar/UUPCinfo/  
to access Guidelines and to download this form.  

**Written Consent**—required from all departments affected.

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