FAU
FLORIDA
ATLANTIC
UNIVERSITY

COURSE CHANGE REQUEST Undergraduate Programs

Department Exercise Science & Health Promotion

College College of Education

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Current Course Prefix and Num	ber PE	EM 1441	Current Co	ourse Title		
	tached for A			details. See <u>Checklist</u> , Pleas	e consult and list departments	
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**WAC/Gordon Rule approval attached to						
***General Education criteria must be indicated in syllabus and				Please list existing and new pre/corequisites, specify AND or OR		
approval attached to this form. See <u>GE Guidelines</u> .				and include minimum passi		
Effective Term/ for Changes:	теаг			Terminate course? Effor Termination:	Spring 2020	
Faculty Contact/E	mail/Phon	e Dr. Michael \	Whitehurst / v	whitehur@fau.edu / 561-2		
Approved by		16			Date / _ /	
Department Chair M Why					3/18/19	
College Curriculum Chair					3/25/19	
College Dean Valley - Rust				tor	3/26/19	
UUPC Chair ——	J	5 (/ My	1.	4/29/14		
Undergraduate Stu	dies Dean	2/1	58	ratt	5/8/19	
UFS President						
Provost						

Email this form and syllabus to mjenning@fau.edu seven business days before the UUPC meeting.