T	TA	T	T
I		7	إ
FI	ORID	Λ	

## FLORIDA ATLANTIC UNIVERSITY

## **COURSE CHANGE REQUEST Undergraduate Programs**

**Department** Exercise Science & Health Promotion

College of Education

UUPC Approval		
UFS Approval		
SCNS Submittal		
Confirmed		
Banner Posted		
Catalog		

Prefix and Number	Current Course Title Tai Chi		
Syllabus must be attached for ANY changes to cu that may be affected by the changes; attach docu	urrent course details. See <u>Checklist</u> . Please consult and list departments		
Change title to:	Change description to:		
Change prefix	,		
From: To:			
Change course number			
From: To:	Change prerequisites/minimum grades to:		
Change credits*			
From: To:			
Change grading	Change corequisites to:		
From: To:			
Change WAC/Gordon Rule status**			
Add Remove			
Change General Education Requirements Add Remove *Review Provost Memorandum **WAC/Gordon Rule criteria must be indicated in syl			
approval attached to this form. See <u>WAC Guidelines</u> .  ***General Education criteria must be indicated in sy approval attached to this form. See <u>GE Guidelines</u> .	Please list existing and new pre/corequisites, specify AND or OR and include minimum passing grade (default is D-).		
Effective Term/Year	Terminate course? Effective Term/Year		
for Changes: Faculty Contact/Email/Phone Dr. Mighael W.	for Termination: Spring 2020		
Dr. Mighael Whitehurst / Whitehur@lau.edu / 561-297-2317			
Department Chair M Who	Date 3/18/19 2 4 2 5 1 18		
0 0 11/4			
GN G	i Kath Stella		
Provost			
Department Chair  College Curriculum Chair  College Dean  UUPC Chair  Undergraduate Studies Dean  UFS President  2/8//9  3/25/19  3/25/19  3/25/19  3/26//9  5/29/19			

 $Email\ this\ form\ and\ syllabus\ to\ \underline{mjenning@fau.edu}\ seven\ business\ days\ before\ the\ UUPC\ meeting.$