## FLORIDA ATLANTIC

## **COURSE CHANGE REQUEST Undergraduate Programs**

**Department** Nursing Undergraduate Program

|                    | _  |
|--------------------|----|
| UUPC Approval 5/1/ | 17 |
| UFS Approval       |    |
| SCNS Submittal     |    |
| Confirmed          |    |
| Banner Posted      |    |
| Catalog            |    |
|                    |    |

| ATLANTIC  |   |                      | Banner Posted   |  |
|---|---|----------------------|---|--|
| UNIVERSITY  | College Christine E. Lynn College of Nursing                    |                      | Catalog   |  |
| Current Course  | NUR4945   | Current Course Title |   |  |
| Prenx and Number Evidence-based Nursing Practice  |   |                      |   |  |
|   | tached for <b>ANY</b> changes to<br>d by the changes; attach do |                      | ist. Please consult and list departments  |  |
| that may be affecte   | a by the changes, actach ac                                     | camentation.         |   |  |
| Change title to:  |   | Change descri        | Change description to:  |  |
|   |   |                      |   |  |
| Change prefix   |   |                      |   |  |
| From:   | To:   |                      |   |  |
| Change course r   | number  |                      |   |  |
| From:   | To:   | Change prerec        | Change prerequisites/minimum grades to:   |  |
| Change credits*   |   |                      |   |  |
| From:   | To:   |                      |   |  |
| Change grading  |   | Change corequ        | Change corequisites to:   |  |
| From:   | To:   | ž                    |   |  |
| Change WAC/Go   | ordon Rule status**   |                      | 5   |  |
| Add   | Remove  | Change registr       | Change registration controls to:  |  |
| Change General Education Requirements***  |   |                      | ation controls to.  |  |
| Add   | Remove  |                      |   |  |
| *Review Provost M **WAC/Gordon Rule   | emorandum<br>criteria must be indicated in                      | syllahus and         |   |  |
| approval attached to this form. See <u>WAC Guidelines</u> .   |   |                      |   |  |
| *** General Education criteria must be indicated in syllabus and approval attached to this form. See GE Guidelines. |   |                      | Please list existing and new pre/corequisites, specify AND or OR and include minimum passing grade (default is D-). |  |
| Effective Date  | uns form. See of duidennes.                                     | Terminate cou        |   |  |
| (TERM & YEAR)   | <u></u>   | List final activ     | Eall 2020 2020  |  |
| Faculty Contact/E   | mail/Phone  |                      |   |  |
| Approved by   | N 6,00  | Δ .                  | Date  |  |
| Department Chair  | 1 January My  | James                |   |  |
| College Curriculum Chair Harren Sakeardn  |   | 3/28/2017            |   |  |
| College Dean Kareth Edwards 3/28/   |   | 3/28/2017            |   |  |
| UUPC Chair JEO LUN 5/1/17   |   |                      |   |  |
| Undergraduate Studies Dean  |   |                      |   |  |
| UFS President   |   |                      |   |  |
| Provost   |   |                      |   |  |

Email this form and syllabus to <a href="mailto:mjenning@fau.edu">mjenning@fau.edu</a> seven business days before the UUPC meeting.