FLORIDA ATLANTIC UNIVERSITY

COURSE CHANGE REQUEST
Undergraduate Programs

Department

College

UUPC Approval _____
UFS Approval _____
SCNS Submittal _____
Confirmed _____
Banner Posted _____
Catalog _____

***Current* Course Prefix and Number**	***Current* Course Title**

*Syllabus must be attached for **ANY** changes to current course details. See Template. Please consult and list departments that may be affected by the changes; attach documentation.*

Change title to:

Change prefix

From: **To:**

Change course number

From: **To:**

Change credits*

From: **To:**

Change grading

From: **To:**

Change Writing Across Curriculum (WAC) **

Add ☐ **Remove** ☐

Change General Education Requirement***

Add ☐ **Remove** ☐

*See Definition of a Credit Hour.

**WAC criteria must be indicated in syllabus and approval attached to this form. See WAC Guidelines.

***GE criteria must be indicated in syllabus and approval attached to this form. See General Education Guidelines.

Change description to:

Change prerequisites/minimum grades to:

Change corequisites to:

Change registration controls to:

Please list existing and new pre/corequisites, specify AND or OR and include minimum passing grade (default is D-).

Effective Term/Year for Changes:	**Terminate course? Effective Term/Year for Termination:**

Faculty Contact/Email/Phone

Approved by	***Date***
Department Chair _____	_____
College Curriculum Chair _____	_____
College Dean _____	_____
UUPC Chair _____	_____
Undergraduate Studies Dean _____	_____
UFS President _____	_____
Provost _____	_____

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