FLORIDA ATLANTIC UNIVERSITY™

Graduate Programs—COURSE CHANGE REQUEST[1]

UGPC Approval _____

UFS Approval _____

SCNS Submittal _____

Confirmed _____

Banner Posted _____

Catalog _____

DEPARTMENT	COLLEGE
COURSE PREFIX AND NUMBER	CURRENT COURSE TITLE
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM)	____ TERMINATE COURSE (LIST FINAL ACTIVE TERM)

CHANGE TITLE TO: CHANGE PREFIX FROM: TO: CHANGE COURSE NO. FROM: TO: CHANGE CREDITS[2] FROM: TO: CHANGE GRADING FROM: TO: CHANGE DESCRIPTION TO:	CHANGE PREREQUISITES/MINIMUM GRADES TO*: CHANGE COREQUISITES TO*: CHANGE REGISTRATION CONTROLS TO: *Please list both existing and new pre/corequisites, specify AND or OR, and include minimum passing grade.
Faculty contact, email and complete phone number:	**Attach syllabus for ANY changes to current course information.**
Should the requested change(s) cause this course to overlap any other FAU courses, please list them here:	Please consult and list departments that might be affected by the change(s) and attach comments.[3]

Approved by:	*Date:*	
Department Chair: _____	_____	**1.** **Syllabus** must be attached; see guidelines for requirements: *www.fau.edu/provost/files/course syllabus.2011.pdf*
College Curriculum Chair: _____	_____	
College Dean: _____	_____	
UGPC Chair: _____	_____	**2.** Review **Provost Memorandum: Definition of a Credit Hour** *www.fau.edu/provost/files/Definition_Credit_Hour_Memo_2012.pdf*
Graduate College Dean: _____	_____	
UFS President: _____	_____	**3.** **Consent** from affected departments (attach if applicable)
Provost: _____	_____	

Email this form and syllabus to *UGPC@fau.edu* **one week before** the University Graduate Programs Committee meeting.

FAUchange—Revised July 2015