

 <b>FLORIDA ATLANTIC UNIVERSITY</b>	<b>COURSE CHANGE REQUEST</b> <b>Graduate Programs</b>	UGPC Approval _____ UFS Approval _____ SCNS Submittal _____
	<b>Department</b>  <b>College</b>	Confirmed _____ Banner _____ Catalog _____
<b>Current Course Prefix and Number</b>		<b>Current Course Title</b>
<i>Syllabus must be attached for ANY changes to current course details. See <a href="#">Template</a>. Please consult and list departments that may be affected by the changes; attach documentation.</i>		
<b>Change title to:</b>  <b>Change prefix</b> <b>From:</b> <b>To:</b> <b>Change course number</b> <b>From:</b> <b>To:</b> <b>Change credits*</b> <b>From:</b> <b>To:</b> <b>Change grading</b> <b>From:</b> <b>To:</b> <b>Academic Service Learning (ASL) **</b> <b>Add</b> <b>Remove</b>		<b>Change description to:</b>  <b>Change prerequisites/minimum grades to:</b>  <b>Change corequisites to:</b>  <b>Change registration controls to:</b>
* See <a href="#">Definition of a Credit Hour</a> . ** Academic Service Learning statement must be indicated in syllabus and approval attached to this form.		Please list existing and new pre/corequisites, specify AND or OR and include minimum passing grade.
<b>Effective Term/Year for Changes:</b>		<b>Terminate course? Effective Term/Year for Termination:</b>
<b>Faculty Contact/Email/Phone</b>		
<b>Approved by</b> Department Chair _____ College Curriculum Chair _____ College Dean _____ UGPC Chair _____ UGC Chair _____ Graduate College Dean _____ UFS President _____ Provost _____		<b>Date</b> _____ _____ _____ _____ _____ _____ _____

Email this form and syllabus to [UGPC@fau.edu](mailto:UGPC@fau.edu) 10 days before the UGPC meeting.