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| <br><b>FLORIDA<br/>ATLANTIC<br/>UNIVERSITY</b>   | <b>COURSE CHANGE REQUEST</b><br><b>Graduate Programs</b> |   | UGPC Approval _____<br>UFS Approval _____<br>SCNS Submittal _____<br>Confirmed _____<br>Banner Posted _____<br>Catalog _____ |
|   | Department _____<br>College _____                        |   |  |
| <b>Current Course Prefix and Number</b>   |  | <b>Current Course Title</b>   |  |
| Syllabus must be attached for <b>ANY</b> changes to current course details. See <a href="#">Guidelines</a> . Please consult and list departments that may be affected by the changes; attach documentation.   |  |   |  |
| <b>Change title to:</b><br><br><br><b>Change prefix</b><br>From: _____ To: _____<br><br><b>Change course number</b><br>From: _____ To: _____<br><br><b>Change credits*</b><br>From: _____ To: _____<br><br><b>Change grading</b><br>From: _____ To: _____<br><br>*Review <a href="#">Provost Memorandum</a> |  | <b>Change description to:</b><br><br><br><b>Change prerequisites/minimum grades to:</b><br><br><br><b>Change corequisites to:</b><br><br><br><b>Change registration controls to:</b><br><br>Please list existing and new pre/corequisites, specify AND or OR and include minimum passing grade. |  |
| <b>Effective Date</b><br>(TERM & YEAR)  |  | <b>Terminate course</b><br><b>List final active term</b>  |  |
| <b>Faculty Contact/Email/Phone</b>  |  |   |  |
| <b>Approved by</b><br>Department Chair _____<br>College Curriculum Chair _____<br>College Dean _____<br>UGPC Chair _____<br>UGC Chair _____<br>Graduate College Dean _____<br>UFS President _____<br>Provost _____  |  |   | <b>Date</b><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____   |

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