
 FLORIDA ATLANTIC UNIVERSITY	COURSE CHANGE REQUEST Graduate Programs		UGPC Approval _____ UFS Approval _____ SCNS Submittal _____ Confirmed _____ Banner _____ Catalog _____
	Department School of Accounting College Business		
Current Course Prefix and Number ACG 6137		Current Course Title Financial Reporting and Accounting Concepts	
<i>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.</i>			
Change title to: Change prefix From: To: Change course number From: To: Change credits* From: To: Change grading From: To: Academic Service Learning (ASL) ** Add <input type="checkbox"/> Remove <input type="checkbox"/>		Change description to: Change prerequisites/minimum grades to: Prerequisites: Admission to college of business master's program and ACG 2021 or ACG 6027 Change corequisites to: Change registration controls to: Please list existing and new pre/corequisites, specify AND or OR and include minimum passing grade.	
Effective Term/Year for Changes: Summer 2024		Terminate course? Effective Term/Year for Termination:	
Faculty Contact/Email/Phone Robert Pinsker / R.Pinsker@fau.edu / 600/277-3422			
Approved by Department Chair _____ College Curriculum Chair Robert Pinsker College Dean Ken Johnson UGPC Chair _____ UGC Chair _____ Graduate College Dean _____ UFS President _____ Provost _____			Date 11/20/2023 1/17/2024 1/16/2024 _____ _____ _____ _____

Email this form and syllabus to UGPC@fau.edu 10 days before the UGPC meeting.

 FLORIDA ATLANTIC UNIVERSITY	COURSE CHANGE REQUEST Graduate Programs		UGPC Approval _____ UFS Approval _____ SCNS Submittal _____ Confirmed _____ Banner _____ Catalog _____
	Department School of Accounting College Business		
Current Course Prefix and Number ACG 6347		Current Course Title Cost Accounting Theory and Practice	
<i>Syllabus must be attached for ANY changes to current course details. See <u>Template</u>. Please consult and list departments that may be affected by the changes; attach documentation.</i>			
Change title to: Change prefix From: To: Change course number From: To: Change credits* From: To: Change grading From: To: Academic Service Learning (ASL) ** Add <input type="checkbox"/> Remove <input type="checkbox"/>		Change description to: Change prerequisites/minimum grades to: Prerequisites: Admission to college of business master's program and ACG 2021 or ACG 6027 Change corequisites to: Change registration controls to: Please list existing and new pre/corequisites, specify AND or OR and include minimum passing grade.	
Effective Term/Year for Changes: Summer 2024		Terminate course? Effective Term/Year for Termination:	
Faculty Contact/Email/Phone <u>ROBERT PINSKER / R.PINSKER@FAU.EDU / 297-3422</u>			
Approved by Department Chair _____ College Curriculum Chair <u>Robert Pinsker</u> College Dean <u>Ken Johnson</u> UGPC Chair _____ UGC Chair _____ Graduate College Dean _____ UFS President _____ Provost _____		Date <u>11/20/2023</u> _____ 1/17/2024 _____ 1/16/2024 _____ _____ _____ _____	

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