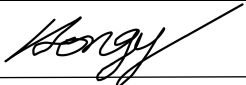
 <b>FLORIDA ATLANTIC UNIVERSITY</b>	<b>COURSE CHANGE REQUEST Graduate Programs</b>		UGPC Approval _____ UFS Approval _____ SCNS Submittal _____ Confirmed _____ Banner _____ Catalog _____
	Department _____ College _____		
<b>Current Course Prefix and Number</b>		<b>Current Course Title</b>	
Syllabus must be attached for <b>ANY</b> changes to current course details. See <a href="#">Template</a> . Please consult and list departments that may be affected by the changes; attach documentation.			
<b>Change title to:</b> spelling clean-up <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>  <small>* See <a href="#">Definition of a Credit Hour</a>.          ** Academic Service Learning statement must be indicated in syllabus and approval attached to this form.</small>		<b>Change description to:</b>  <b>Change prerequisites/minimum grades to:</b>  <b>Change corequisites to:</b>  <b>Change registration controls to:</b>  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> 9/9/2024 _____ _____ _____ _____ _____ _____	

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