

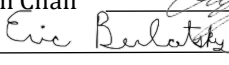

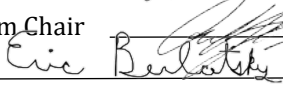
 FLORIDA ATLANTIC UNIVERSITY	COURSE CHANGE REQUEST Graduate Programs		UGPC Approval _____ UFS Approval _____ SCNS Submittal _____ Confirmed _____ Banner _____ Catalog _____
	Department _____ College _____		
Current Course Prefix and Number		Current Course Title	
Syllabus must be attached for ANY changes to current course details. See Template . Please consult and list departments that may be affected by the changes; attach documentation.			
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 _____ Remove _____ <small>* See Definition of a Credit Hour. ** Academic Service Learning statement must be indicated in syllabus and approval attached to this form.</small>		Change description to: Change prerequisites/minimum grades to: 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:		Terminate course? Effective Term/Year for Termination:	
Faculty Contact/Email/Phone			
Approved by Department Chair _____ College Curriculum Chair _____ College Dean  _____ UGPC Chair _____ UGC Chair _____ Graduate College Dean _____ UFS President _____ Provost _____		Date _____ 10-25-22 10/26/2022 _____ _____ _____ _____ _____	


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

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