

 FLORIDA ATLANTIC <small>UNIVERSITY</small>	COURSE CHANGE REQUEST Graduate Programs		UGPC Approval _____ UFS Approval _____ SCNS Submittal _____ Confirmed _____ Banner _____ Catalog _____
	Department Urban and Regional Planning College College of Science		
Current Course Prefix and Number URP 6971		Current Course Title Master's Thesis	
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: 3 To: 1-3 Variable Change grading From: _____ To: _____ Academic Service Learning (ASL) Add <input type="checkbox"/> Remove <input type="checkbox"/> <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: Fall 2025		Terminate course? Effective Term/Year for Termination:	
Faculty Contact/Email/Phone Louis Merlin, lmerlin@fau.edu, 561-440-3185			
Approved by Department Chair <u>D. Mitsou</u> College Curriculum Chair <u>[Signature]</u> College Dean <u>[Signature]</u> UGPC Chair _____ UGC Chair _____ Graduate College Dean _____ UFS President _____ Provost _____		Date <u>01/31/2025</u> 2/10/2025 2/10/2025 _____ _____ _____ _____	

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