

FLORIDA ATLANTIC UNIVERSITY™

Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL _____
 UFS APPROVAL _____
 SCNS SUBMITTAL _____
 CONFIRMED _____
 BANNER POSTED _____
 CATALOG _____

DEPARTMENT: N/A	COLLEGE: COLLEGE OF MEDICINE
COURSE PREFIX AND NUMBER: BMS 6631	CURRENT COURSE TITLE: HEMATOLOGY AND ONCOLOGY
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 2012	<input checked="" type="checkbox"/> TERMINATE COURSE (LIST FINAL ACTIVE TERM): SPRING 2012
CHANGE TITLE TO: CHANGE PREFIX FROM: TO: CHANGE COURSE NO. FROM: TO: CHANGE CREDITS FROM: TO: CHANGE GRADING FROM: TO: CHANGE DESCRIPTION TO:	CHANGE PREREQUISITES/MINIMUM GRADES TO*: CHANGE COREQUISITES TO*: CHANGE REGISTRATION CONTROLS TO: *Please list both existing and new pre/corequisites, specify AND or OR, and include minimum passing grade.
Attach syllabus for ANY changes to current course information.	
Should the requested change(s) cause this course to overlap any other FAU courses, please list them here.	Departments and/or colleges that might be affected by the change(s) must be consulted and listed here. Please attach comments from each.

Faculty contact, email and complete phone number: Barry Linger, Ed.D.; Associate Professor of Clinical Biomedical Science; 561 297-0913; blinger@fau.edu

Approved by: Department Chair: <u><i>Sunday Horro</i></u> College Curriculum Chair: <u><i>Antonio Arzavado</i></u> College Dean: <u><i>M. G. ...</i></u> UGPC Chair: _____ Graduate College Dean: _____	Date: <u>3/5/12</u> <u>3/5/12</u> <u>3-5-12</u> _____ _____	ATTACHMENT CHECKLIST •Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaff/programscommittee/index.php) •Written consent from all departments affected by changes
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Email this form and syllabus to UGPC@fau.edu **one week before** the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website prior to the meeting.