## FLORIDA ATLANTIC UNIVERSITY\*

| UGPC APPROVAL  |  |
|----------------|--|
| SCNS SUBMITTAL |  |
| CONFIRMED      |  |
| BANNER POSTED  |  |
| CATALOG POSTED |  |
| WER POSTED     |  |

SUPPORTING MATERIALS

Syllabus—must include all criteria as detailed in

to access Guidelines and to download this form.

Written Consent-required from all

Guidelines. Go to: http://graduate.fau.edu/gpc/

## **Graduate Programs—COURSE CHANGE REQUEST**

COLLEGE OF:

BARRY KAYE COLLEGE OF BUSINESS

**Government Accounting Theory** 

**CURRENT COURSE TITLE:** 

DEPARTMENT NAME:

ACG 5505

SCHOOL OF ACCOUNTING

COURSE PREFIX & NUMBER:

| CHANGE(S) REQUESTED   |   |
|---|---|
| SHOW "X" IN FRONT OF OPTION   | SHOW "X" IN FRONT OF OPTION   |
| CHANGE PREFIX FROM TO:  |   |
| CHANGE COURSE No. FROM TO:  | CHANGE TITLE TO:  |
| CHANGE CREDITS FROM TO:   |   |
| X CHANGE PREREQUISITES TO: ACG 3141 or ACG 6137 and   | CHANGE DESCRIPTION TO:  |
| ACG 3341 or ACG 6347  |   |
| *ENFORCE? YES   |   |
| CHANGE CO-REQUISITES TO:  | 그 이 그러나 요나를 바라가셨는데 하다.  |
| *Enforce?   |   |
| CHANGE OTHER REGISTRATION CONTROLS TO:  |   |
| *Enforce?   |   |
| CHANGE GRADING FROM TO:   |   |
| CHANGE TITLE TO:  |   |
| CHANGES TO BE EFFECTIVE: SPRING 2008  |   |
| Attach syllabus for ANY changes to current course information.  |   |
| Will the requested change(s) cause this course to overlap any other FAU course(s)? If yes, please list course(s). | Any other departments and/or colleges that might be affected by the change(s) must be consulted. List entities that have been |
| YES NO  | consulted and attach written comments from each.  |
| TERMINATE COURSE, EFFECTIVE:  |   |

## 

Date:

9.25.07

careers do not show these prerequisites or other details will not be able to register. When box is not checked, restrictions show in catalog description only.

Email this form and syllabus to <u>ejohn@fau.edu</u> and <u>eqirjo@fau.edu</u> one week *before* the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website by committee members prior to the meeting.

Faculty Contact, Email, Complete Phone Number:

**SIGNATURES** 

Approved by:

College Dean:

Department Chair:

College Curriculum Chair: