NEW COURSE PROPOSAL UGPC Approval _____ UFS Approval _____ **Graduate Programs** SCNS Submittal **FLORIDA Department** Confirmed _____ **ATLANTIC** Banner Posted _____ College UNIVERSITY Catalog ___ (To obtain a course number, contact erudolph@fau.edu) (L = Lab Course; C = **Prefix Type of Course Course Title** Combined Lecture/Lab. add if appropriate) Lab Number Code Credits (Review Grading Course Description (Syllabus must be attached; see Guidelines) **Provost** Memorandum) (Select One Option) Regular **Effective Date** (TERM & YEAR) Sat/UnSat **Prerequisites Corequisites** Registration Controls (Major, College, Level) Prerequisites, Corequisites and Registration Controls are enforced for all sections of course Minimum qualifications needed to teach List textbook information in syllabus or here Member of the FAU graduate faculty and has a terminal degree in the subject area (or a closely related field.)

Approved by	Date
Department Chair	
College Curriculum Chair	
College Dean ————————————————————————————————————	
UGPC Chair ————————————————————————————————————	
UGC Chair	
Graduate College Dean	
UFS President	
Provost	

List/Attach comments from departments affected by new course

Email this form and syllabus to UGPC@fau.edu one week before the UGPC meeting.

Faculty Contact/Email/Phone