

 FLORIDA ATLANTIC UNIVERSITY	COURSE CHANGE REQUEST Graduate Programs		UGPC Approval _____ UFS Approval _____ SCNS Submittal _____ Confirmed _____ Banner _____ Catalog _____
	Department Biological Sciences College CESCOS		
Current Course Prefix and Number BSC 6391		Current Course Title Integrative Biology 2	
Syllabus must be attached for ANY changes to current course details. See Guidelines . 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 <input type="checkbox"/> Remove <input type="checkbox"/>		Change description to: Change prerequisites/minimum grades to: Change corequisites to: Change registration controls to: Admission to Integrative Biology PhD Program OR Permission of Instructor 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 Dr. Sarah Milton/smilton@fau.edu/561-297-3331			
Approved by Department Chair <u>Sarah L Milton</u> College Curriculum Chair <u>[Signature]</u> College Dean <u>William David Kulis</u> UGPC Chair _____ UGC Chair _____ Graduate College Dean _____ UFS President _____ Provost _____		Date <u>3-22-22</u> <u>3/23/22</u> <u>03/23/22</u> _____ _____ _____ _____ _____	

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