

FLORIDA ATLANTIC UNIVERSITY™

Graduate Programs—COURSE CHANGE REQUEST¹

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

DEPARTMENT: CHRISTINE E. LYNN COLLEGE OF NURSING	COLLEGE: NURSING
COURSE PREFIX AND NUMBER: NGR 6634L	CURRENT COURSE TITLE: Advanced Nursing Situations in Practice: Care of the Childbearing/Childrearing Family
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): 2014	<input checked="" type="checkbox"/> TERMINATE COURSE (LIST FINAL/ACTIVE TERM):

CHANGE TITLE TO: CHANGE PREFIX FROM: TO: CHANGE COURSE NO. FROM: TO: CHANGE CREDITS ² 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. Rationale: Replaced with new course to meet CCNE standards
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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.	Please consult and list departments that might be affected by the change(s) and attach comments. ³
No	None

Faculty contact, email and complete phone number: Beth King
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Approved by: Department Chair: _____ College Curriculum Chair: <u>Beth King</u> College Dean: <u>Marla Marie Smith</u> UGPC Chair: _____ Graduate College Dean: _____ UFS President: _____ Provost: _____	Date: _____ <u>2/13/11</u> <u>2/13/11</u> _____ _____ _____	1. Syllabus must be attached; see guidelines for requirements: www.fau.edu/provost/files/course_syllabus.2011.pdf 2. Review Provost Memorandum: Definition of a Credit Hour www.fau.edu/provost/files/Definition_Credit_Hour_Memo_2012.pdf 3. Consent from affected departments (attach if necessary)
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