UGPC APPROVAL
UFS APPROVAL
SCNS SUBMITTAL
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CATALOG

UNI	VEKSITY	CONFIRMED	
		BANNER POSTED	
Graduate Programs—NEW COURSE PROPOSAL		CATALOG	
DEPARTMENT: GEOSCIENCES COLLEGE: CHARLES E. SCHMIDT COLLEGE OF SCIENCE			
RECOMMENDED COURSE IDENTIFICATION:		EFFECTIVE DATE	
Prefix GIS Course I			
(TO OBTAIN A COURSE NUMBER, CONTACT RPOLA	ANSK@FAU.EDU)		
COMPLETE COURSE TITLE: LIDAR REMOTE SENSING AND APPLICATIONS			
CREDITS:3 Textbook Information: Shan, J., and C. Toth. 2008. Topographic Laser Ranging and Scanning, Principles and Processing. Boca Raton, FL. Taylor & Francis Group. ISBN 9781420051421			
GRADING (SELECT ONLY ONE GRADING OPTION)	: Regular Yes Satis	factory/Unsatisfactory	
This course will introduce LiDAR principles, sensors and platforms, data processing and analysis, and applications. Students will master basic skills of LiDAR needed to leverage the commercial LiDAR sources and information products in a broad range of applications.			
Prerequisites *:	COREQUISITES*:NONE	REGISTRATION CONTROLS (MAJOR, COLLEGE, LEVEL)*:	
GIS 5051 PRINCIPLE OF GIS		GRADUATES IN DEPARTMENT OF GEOSCIENCES	
* Prerequisites, corequisites and registration controls will be enforced for all course sections.			
·		HAVE SOLID BACKGROUND IN REMOTE SENSING.	
Instructor should have a Ph.d. + a solid background in Remotivity protos Charles Roberts			
Faculty contact, email and complete phone number: Departments and/or colleges that might be affected by the new course must be			
Dr. Caiyun Zhang Email: czhang3@fau.edu	consulted and listed he	ere. Please attach comments from each.	
Phone: 561-297-2648	1		
	Department of Geoscie	ences in College of Science	

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair: Kus ell 1	9/28/11	•Syllabus (see guidelines for requirements:
College Curriculum Chair:	3/06/12	http://www.fau.edu/graduate/facultvandstaf f/programscommittee/index.php)
College Dean:	3/06/10	
UGPC Chair: Aghi Lut Flors		•Written consent from all departments affected by new course
Graduate Coffege Dean: Bry T. Por	3.18-12	

Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL_	
UFS APPROVAL	
SCNS SUBMITTAL_	
CONFIRMED	
BANNER POSTED	

DEPARTMENT: NURSING	COLLEGE: CHRISTINE E. LYNN COLLEGE OF NURSING
Course Prefix and Number: NGR 6723L	CURRENT COURSE TITLE: ADVANCED NURSING ADMINISTRATION
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 2012	PRACTICUM 1
	TERMINATE COURSE (LIST FINAL ACTIVE TERM)
CHANGE TITLE TO:	CHANGE PREREQUISITES/MINIMUM GRADES TO*: NONE
O P.	
CHANGE PREFIX FROM: TO:	
CHANGE COURSE NO. FROM: TO:	
CHANGE CREDITS FROM: 2 CREDITS TO: 1-2CREDITS	CHANGE COREQUISITES TO*: NONE
Cuana and a constant	
CHANGE DESCRIPTION TO:	
	CHANGE REGISTRATION CONTROLS TO: NONE
•	RATIONALE: CHANGING THE PRACTICUM TO VARIABLE CREDIT HOURS PROVIDES STUDENTS WITH OPPORTUNITY TO COMPLETE THE REQUIRED
	PRACTICUM HOURS OVER 2 SEMESTERS.
	*Please list both existing and new pre/corequisites, specify AND or
Attach syllabus for ANY cha	inges 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 above (
None	must be consulted and listed here. Please attach comments from each.

Faculty contact, email and complete phone number: Beth King, PhD, RN <u>bking@fau.edu</u> 561-297-3249

Approved by:	Dest	
Department Chair: AA	Date:	ATTACHMENT CHECKLIST
College Curriculum Chair: Buthky RNPhn	2-24-12	*Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaff/
College Dean: She Greet	2-27-12	programscommittee/index.php)
UGPC Chair: JEDU THOUS	3-12-12	•Written consent from all departments
Graduate College Dean: 1 1/1/2000	3-18-12	affected by changes
		<u></u>

Graduate Programs—COURSE CHANGE REQUEST

UGPC Approval
UFS APPROVAL
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BANNER POSTED
CATALOG

2 ograms Cockse CH	ANGE REQUEST	Catalog
DEPARTMENT: NURSING	COLLEGE: CHRISTINE E. LYNN	COLLEGE OF NURSING
Course Prefix and Number: NGR6233	CURRENT COURSE TITLE: Adv Adults with Complex, Spe	anced Nursing Situations: Care of
Crivice(s), ARE: TO BE EXTECTIVE LEVEL DEPARTS. Street, 264	LUI Energia CORSET	STREET RESERVE STREET STREET STREET
TERMINATE: NGR6233 SPRING 2014 Course TITLE: Advanced Nursing Situations: Care of Adults with Complex, Specialized Health Needs	RATIONALE: ADULT NURSE PRA TO MEET NATIONAL GUIDELINES.	ACTITIONER TRACK IS BEING DISCONTINUED
CHANGE TITLE TO:	CHANGE PREREQUISITES/MINIMU	M GRADES TO*:
CHANGE PREFIX FROM: TO:		
CHANGE COURSE NO. FROM: TO:		
CHANGE CREDITS FROM: TO:	CHANGE COREQUISITES TO*:	
CHANGE GRADING FROM: TO:		
CHANGE DESCRIPTION TO:	CHANGE REGISTRATION CONTRO	LS TO:
Attach syllators for ANY etc	APES POCUTE RECOURSE	intermental in the second
Should the requested change(s) cause this course to overlap any other FAU courses, please list them here.	Departments and/or colleges the must be consulted and listed he None	nat might be affected by the change(s) ere. Please attach comments from each.
Equility contact and it		

Faculty contact, email and complete phone number:

Beth King bking@fau.edu 561-297-3249

Approved by:	Date:	T
Department Chair:	Date:	ATTACHMENT CHECKLIST
College Curriculum Chair: Buth Ky KNPhb	3-1-12	*Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaff/
College Dean: Sher Gran	3-1-12	programscommittee/index.php)
UGPC Chair: Aghar Flee		• Written consent from all departments
Graduate College Dean:	3.18.12	affected by changes

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

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Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL	
UFS APPROVAL	
SCNS SUBMITTAL	
CONFIRMED	
BANNER POSTED	
CATALOG	

Department Marie	
DEPARTMENT: NURSING	COLLEGE: CHRISTINE E. LYNN COLLEGE OF NURSING
COURSE PREFIX AND NUMBER: NGR6233L	CURRENT COURSE TITLE: Advanced Nursing Situations in Practice Care of Adults with Complex, Specialized Health Needs
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): Street 26(4)	X Exhibite CS such Fire Sept. City Indep Sparity 2014
Noode Mari Complex, Specialized Health	RATIONALE: ADULT NURSE PRACTITIONER TRACK IS BEING DISCONTINUED TO MEET NATIONAL GUIDELINES. CHANGE PREREQUISITES/MINIMUM GRADES TO*:
Change Title to:	
CHANGE PREFIX FROM: TO:	CHANGE COREQUISITES TO*:
CHANGE COURSE NO. FROM: TO: CHANGE CREDITS FROM: TO:	Samuel Southerness to .
CHANGE GRADING FROM: TO: CHANGE DESCRIPTION TO:	CHANGE REGISTRATION CONTROLS TO:
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. None
Faculty contact, email and complete phone number:	

Beth King bking@fau.edu 561-297-3249

Approved by:				
Department Chair:	Date:	ATTACHMENT CHECKLIST		
College Curriculum Chair: Beth Ky Rapho	3-1-12	•Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaff/		
College Dean: Show Cycling	I ————	programscommittee/index.php)		
UGPC Chair: John Rope	3-12-12	•Written consent from all departments		
Graduate College Dean: 12m T. Rom	3.18.12	affected by changes		

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.

Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL	
UFS APPROVAL	_
SCNS SUBMITTAL	-
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DEPARTMENT: NURSING		COLLEGE: CHRISTINE E. LYNN	College of Nursing
COURSE PREFIX AND NUMBER: NO		Order Adults with Complex	anced Nursing Situations: Care of x, Specialized Health Needs
CHANGE(9) ARE TO BE EFFECTIVES(ST TERM! SPAIR 201	TERRITOR OF THE	STERM SCIVETERN), Spinic 2014
TERMINATE NGR6252 SPRING 2 COURSE TITLE: Advanced Nursin Older Adults with Complex, Sp CHANGE TITLE TO:	ng Situations: Care of	RATIONALE: GERONTOLOGICAL DISCONTINUED TO MEET NATIONA CHANGE PREREQUISITES/MINIMU	
CHANGE PREFIX FROM:	то:		
CHANGE COURSE NO. FROM:	то:	CHANGE COREQUISITES TO*:	
CHANGE CREDITS FROM:	то:		
CHANGE GRADING FROM:	то:		
CHANGE DESCRIPTION TO:		CHANGE REGISTRATION CONTRO	PLS TO:
Attach Sy Should the requested change(s) ca any other FAU courses, please list	use this course to overlan	Departments and/or colleges the must be consulted and listed he None	at might be affected by the change(s) ere. Please attach comments from each.
Faculty courts of 21 1	,		

Faculty contact, email and complete phone number: Beth King <u>bking@fau.edu</u> 561-297-3249

Approved by:	T	
Approved by: Department Chair: College Curriculum Chair: Beth Ky RNPhD College Dean: UGPC Chair: Graduate College Dean: Braduate College Dean:	3-1-12	*Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaff/programscommittee/index.php) *Written consent from all departments affected by changes
Graduate Conege Dean. 1999 1.	7.18.12	

Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL	
UFS Approval	
SCNS SUBMITTAL	_
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CATALOG	

DEPARTMENT: NURSING	COLLEGE: CHRISTINE E. LYNN COLLEGE OF NURSING
COURSE PREFIX AND NUMBER: NGR6252L	CURRENT COURSE TITLE: Advanced Nursing Situations in Practice
CHANGESPARE (OBEEFECTIVE (LIGHTERN)) SPRING 2018	Care of Older Adults with Complex, Specialized Health Needs A TERRITOR OF COMPLETE ACTUAL PARKS SPINIS 2014
TERMINATE NGR6252L SPRING 2014 COURSE TITLE: Advanced Nursing Situations in Practice: Care of Older Adults with Complex, Specialized Health	RATIONALE: GERONTOLOGICAL NURSE PRACTITIONER TRACK IS BEING DISCONTINUED TO MEET NATIONAL GUIDELINES.
Needs	CHANGE PREREQUISITES/MINIMUM GRADES TO*:
CHANGE TITLE TO:	CHANGE COREQUISITES TO*:
CHANGE PREFIX FROM: TO:	
CHANGE COURSE No. FROM: TO:	
CHANGE CREDITS FROM: TO:	CHANGE REGISTRATION CONTROLS TO:
CHANGE GRADING FROM: TO:	
CHANGE DESCRIPTION TO:	
	*Please list both existing and new pre/corequisites, specify AND or OR, and include minimum passing grade.
Atlach syllabus for ANY Gian	nges tercurrent goerse bolismassion
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. None
Faculty contact and its	

Faculty contact, email and complete phone number: Beth King <u>bking@fau.edu</u> 561-297-3249

Approved by:		T
Department Chair:	Date:	ATTACHMENT CHECKLIST
College Curriculum Chair: Beth ky RNPhb	3-1-12	•Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaff/
College Dean: Sal Guda	l	programscommittee/index.php)
UGPC Chair: John Han	3-12-12	•Written consent from all departments
Graduate College Dean: Pm T. Rom	3.18-12	affected by changes

	Surroduction to the Emerge NGR 6700 Leader.
GPC Chair: Abluh Itland Graduate College Dean: Pm 7. Rom	Date: 2 27 12 • Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaf //programscommittee/index.php) 2 27 12 • Written consent from all departments 3 - 12 - 12 affected by new course 3 - 12 - 12
STAGUALE CONCES D	Committee meeting so that

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

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NGK	e 4607L	
	Date: ATTACHMENT CHECKLIST	
	•Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaf	١
Bettak, NUPM	2/27/17 (fprogramscommittee/index.php)	
Sacrondo (•Written consent from all departments	
FOR Flory	3-/2-/2 affected by new course	
College Dean: /2mg T. Kom	3.13.12]

NOR 660 advanced Hursing	7 Sirwax	ines
Bethky RNPhn Sightly Hogy Other Dean: By 1. Kom	2/24/12	*Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaf/programscommittee/index.php) *Written consent from all departments affected by new course

Graduate Programs—COURSE CHANGE REQUEST

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DEPARTMENT: TEACHING AND LEARNING	CHANGE REQUEST CATALOG
	COLLEGE:EDUCATION
Course Prefix and Number: ARE 6342	
	CURRENT COURSE TITLE: ART EDUCATION IN SECONDARY SCHOOL
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 20	D12
	D12 TERMINATE COURSE (LIST FINAL ACTIVE TERM):
CHANGE TITLE TO:	CHANGE PREREQUISITES/MINIMUM GRADES TO*: EXISTING PREREQUISTE ARE 4132 or equivalent to none
CHANGE PREFIX FROM: TO:	
CHANGE COURSE No. FROM: TO:	
CHANGE CREDITS FROM: TO:	CHANGE COREQUISITES TO*:
CHANGE GRADING FROM: TO:	
HANGE DESCRIPTION TO:	
t education in middle and high schools is the focus urse through analysis and study of theories, use of vi aterials, curriculum planning, and review of practic search in art education.	inual ad
	*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
TO THE TOURS OF THE PROPERTY O	erian Departments and a little in
y 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.
)	College of Education Departments: Teaching and Learning, Counselor Education, Curriculum, Culture and Ed. Inquiry, Exercise Science and Health Promotion, Comm. Sciences and Disorders, Ed. Lead, April 2016.

Faculty contact, email and complete phone number: Dr. Susannah Brown, <u>Sbrowl 18@fau.edu</u>, 561 297-2635

Approved by:
Department Chair: Busina Kidiner
College Curriculum Chair: Lenda Wellh
College Dean:
UGPC Chair: All Was Floor
Graduate College Dean: Pm T. Nom

Date:

12-6-11

12-7-11

12/12/11

3-12-12

ATTACHMENT CHECKLIST

*Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaff/ programscommittee/index.php)

•Written consent from all departments affected by changes

Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL	
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CATALOG	

DEPARTMENT: CRIMINOLOGY AND CR	IMINAL JUSTICE	College: Design and Social Inquiry
Course Prefix and Number: CCJ	6196	CURRENT COURSE TITLE: CONFLICT MANAGEMENT & DISPUTE RESOLUTION
CHANGE(S) ARE TO BE EFFECTIVE (LI	ST TERM):	X TERMINATE COURSE (LIST FINAL ACTIVE TERM): FALL 2012
CHANGE TITLE TO:		CHANGE PREREQUISITES/MINIMUM GRADES TO*:
CHANGE PREFIX FROM:	то:	
CHANGE COURSE No. FROM:	то:	CHANGE COREQUISITES TO*:
CHANGE CREDITS FROM:	то:	
CHANGE GRADING FROM:	то:	
CHANGE DESCRIPTION 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) can any other FAU courses, please list	use this course to overlap t 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: Dr. Rachel Santos, rboba@fau.edu, 561-297-3240

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair: 70 Jy V. Mou	1/20/2012	•Syllabus (see guidelines for requirements:
College Curriculum Chair: L. Handin		http://www.fau.edu/graduate/facultyandstaff/
College Dear Clary Fruit	1/31/12	programscommittee/index.php)
UGPC Chair: A Charles	1 / / 🛪 = / . /	•Written consent from all departments
Graduate College Dean: Bry T. Kom	3-18-12	affected by changes
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Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL	
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	01111000	
DEPARTMENT: CRIMINOLOGY AND CRIMINAL JUSTICE	COLLEGE: DESIGN AND SOCIAL INQUIRY	
Course Prefix and Number: CCJ 6489	CURRENT COURSE TITLE: ISSUES IN COMMUNITY JUSTICE	
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM):	X TERMINATE COURSE (LIST FINAL ACTIVE TERM); FALL 2012	
CHANGE TITLE TO:	CHANGE PREREQUISITES/MINIMUM GRADES TO*:	
CHANGE PREFIX FROM: TO:	·	
CHANGE COURSE No. FROM: TO:	CHANGE COREQUISITES TO*:	
CHANGE CREDITS FROM: TO:	STANGE GOLEGISTES TO .	
CHANGE GRADING FROM: TO:		
CHANGE DESCRIPTION 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: Dr. Rachel Santos, rboba@fau.edu, 561-297-3240

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair:	1130/2012	*Syllabus (see guidelines for requirements:
College Curriculum Chair: 2	1-30-2012	http://www.fau.edu/graduate/facultyandstaff/
College Dean: (Court out of crup)	1/3/1/12	programscommittee/index.php)
UGPC Chair: AM WA HOS		•Written consent from all departments
Graduate College Dears Fry T. form	3.18.12	affected by changes

FLORIDA ATLANTIC

UFS APPROVAL _____ JNIVERSITY SCNS SUBMITTAL____ CONFIRMED __ BANNER POSTED **Graduate Programs—NEW COURSE PROPOSAL** CATALOG DEPARTMENT: CRIMINOLOGY AND CRIMINAL JUSTICE COLLEGE: DESIGN AND SOCIAL INQUIRY RECOMMENDED COURSE IDENTIFICATION: EFFECTIVE DATE PREFIX __CCJ __ COURSE NUMBER ___6669 ___ LAB CODE (L or C) ____ (first term course will be offered) OBTAINED PROPOSED COURSE NUMBER FROM RISA POLANSKY AT RPOLANSK@FAU.EDU COMPLETE COURSE TITLE: CLASS, RACE, AND GENDER IN CRIMINAL JUSTICE FALL 2012 CREDITS: 3 TEXTBOOK INFORMATION: 1. CLASS, RACE, GENDER, AND CRIME: THE SOCIAL REALITIES OF JUSTICE IN AMERICA BY GREGG BARAK, PAUL LEIGHTON, JEANNE FLAVIN. ROWMAN & LITTLEFIELD, 2010 2. RACE AND CRIMINAL JUSTICE BY HINDPAL SINGH BHUI, SAGE, 2008 3. CRIME CONTROL AND WOMEN: FEMINIST IMPLICATIONS OF CRIMINAL JUSTICE POLICY BY SUSAN L. MILLER. SAGE PUBLICATIONS, 1998 GRADING (SELECT ONLY ONE GRADING OPTION): REGULAR _X ____ SATISFACTORY/UNSATISFACTORY _ COURSE DESCRIPTION, NO MORE THAN 3 LINES: THIS COURSE IS AN EXAMINATION OF HOW CLASS, RACES, AND GENDER STRUCTURE EXPERIENCES WITHIN THE CRIMINAL JUSTICE SYSTEM. IT EXPLORES CLASS, RACE, AND GENDER IN TERMS OF CRIMINAL VICTIMIZATION, PATTERNS OF OFFENDING, AND ROLES WITHIN EACH PART OF THE CRIMINAL JUSTICE SYSTEM—POLICE, COURTS, AND CORRECTIONS. PREREQUISITES *: NONE COREQUISITES*: NONE REGISTRATION CONTROLS (MAJOR, COLLEGE, LEVEL)*: NONE * Prerequisites, corequisites and registration controls will be enforced for all course sections. MINIMUM QUALIFICATIONS NEEDED TO TEACH THIS COURSE: PHD IN CRIMINOLOGY, CRIMINAL JUSTICE, OR SOCIOLOGY

Faculty contact, email and complete phone number: Dr. Rachel Santos, rboba@fau.edu, 561-297-3240

Departments and/or colleges that might be affected by the new course must be consulted and listed here. Please attach comments from each. Sociology

UGPC APPROVAL

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair: 1x Mu V. Mai	1130/2012	•Syllabus (see guidelines for requirements:
College Curriculum Chair 9 H	1-70-200	t 1/
College Dean: (Laufernath)	1/2/10	
UGPC Chair: ABRAK Flores		Written consent from all departments affected by new course
Graduate College Dean: Bon T. Rom	3.18.12	

 $\label{eq:constraint} \text{Email this form and syllabus to } \underline{\text{UGPC@fau.edu}} \text{ } \text{one week before the University Graduate Programs Committee meeting so that }$ materials may be viewed on the UGPC website prior to the meeting.

Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL
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	Q	CATALOG
DEPARTMENT: CRIMINOLOGY AND CRIMINAL JUSTICE	COLLEGE: DESIGN AND SOCIAL	INQUIRY
COURSE PREFIX AND NUMBER: CCJ 6709	CURRENT COURSE TITLE: QUAL JUSTICE SYSTEMS	LITATIVE RESEARCH AND EVALUATION IN
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM):	_XTERMINATE COURSE (LI	ST FINAL ACTIVE TERM); FALL 2012
CHANGE TITLE TO:	CHANGE PREREQUISITES/MINIM	UM GRADES TO**
CHANGE PREFIX FROM: TO:		
CHANGE COURSE NO. FROM: TO:		
CHANGE CREDITS FROM: TO:	CHANGE COREQUISITES TO*:	
CHANGE GRADING FROM: TO:		
CHANGE DESCRIPTION TO:		
	CHANGE REGISTRATION CONTRO	PLS TO:
	OK, and include minimum pas	
Attach syllabus for ANY cl	nanges 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 the	nat might be affected by the change(s) are. Please attach comments from each.

Faculty contact, email and complete phone number: Dr. Rachel Santos, rboba@fau.edu, 561-297-3240

Approved by:		
Department Chair: Kally M. Ce.	Date:	ATTACHMENT CHECKLIST
- Way in the second	1/30/2017_	ł
College Curriculum Chair: S. Hand	1-30-2012	•Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaff/
College Dean: Called Anna College	1/31/	programscommittee/index.php)
UGPC Chair: Laborator And Control of the Control of	4-31/12	
Graduate College Dean:	3-16-12	•Written consent from all departments affected by changes
January Lorder Death. Juny 1. 180m	5-/8-/2	· · · · · · · · · · · · · · · · · · ·

Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL	
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DEPARTMENT: CRIMINOLOGY AND CRIMINAL JUSTICE	COLLEGE: DESIGN AND SOCIAL INQUIRY		
COURSE PREFIX AND NUMBER: CCJ 6931	CURRENT COURSE TITLE: SEMINAR IN JUSTICE POLICY REFORM		
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM);	X TERMINATE COURSE (LIST FINAL ACTIVE TERM): FALL 2012		
CHANGE TITLE TO:	CHANGE PREREQUISITES/MINIMUM GRADES TO*:		
CHANGE PREFIX FROM: TO:			
CHANGE COURSE NO. FROM: TO:			
CHANGE CREDITS FROM: TO:	CHANGE COREQUISITES TO*:		
CHANGE GRADING FROM: TO:			
CHANGE DESCRIPTION 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 c	hanges to current course information.		
Should the requested change(s) cause this course to overlap any other FAU courses, please list them here.			

Faculty contact, email and complete phone number: Dr. Rachel Santos, rboba@fau.edu, 561-297-3240

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair: 10 M.V. Mex	113012012	•Syllabus (see guidelines for requirements:
College Curriculum Chair:	1-30-2012	http://www.fau.edu/graduate/facultyandstaff/
College Dean Alson forum	1/3//12	programscommittee/index.php)
UGPC Chair:	2-16-12	•Written consent from all departments
Graduate College Dean: 13m J. 12m	3.18.12	affected by changes
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Graduate Programs—COURSE CHANGE REQUEST

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SCNS SUBMITTAL
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DEPARTMENT: CRIMINOLOGY AND CRIMINAL JUSTICE	COLLEGE: DESIGN AND SOCIAL INQUIRY
Course Prefix and Number: CJE 6426	CURRENT COURSE TITLE: POLICE AND THE COMMUNITY
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 2012	TERMINATE COURSE (LIST FINAL ACTIVE TERM):
CHANGE TITLE TO: POLICE RESEARCH, POLICY, AND PRACTICE	CHANGE PREREQUISITES/MINIMUM GRADES TO*:
CHANGE PREFIX FROM: TO: CHANGE COURSE NO. FROM: TO: CHANGE CREDITS FROM: TO: CHANGE GRADING FROM: TO: CHANGE DESCRIPTION TO: THIS COURSE EXAMINES THE FACTORS OF RECENT POLICE INNOVATION AND CRITICALLY EXPLORES THE EFFECTS CRIME AND DISORDER THROUGH RESEARCH.	CHANGE COREQUISITES TO*: CHANGE REGISTRATION CONTROLS TO:
	*Please list both existing and new pre/corequisites, specify AND or OR, and include minimum passing grade.
。在1970年1971年中的1970年中,1970年1974年中的1970年的1970年的1970年的1970年的1970年中,	nges 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: Dr. Rachel Santos, rboba@fau.edu, 561-297-3240

	Approved by:	Date:	ATTACHMENT CHECKLIST
	Department Chair: Thi V. Vioc	3/15/12	*Syllabus (see guidelines for requirements:
I	College Curriculum Chang & Sangui		http://www.fau.edu/graduate/facultvandstaff/
l	College Dean:	3/15/12	programscommittee/index.php)
ļ	UGPC Chair: Jan Lan HOga		•Written consent from all departments
I	Graduate College Dean: Bun T. Fam	3.18.12	affected by changes
•			<u> </u>

Graduate Programs—NEW COURSE PROPOSAL

UGPC APPROVAL	
UFS APPROVAL	
SCNS SUBMITTAL	_
CONFIRMED	
BANNER POSTED_	
CATALOG	

			CATALOG
DEPARTMENT NAME: ARCHITECTURE	College of: Design & Soci	al Inquiry	
RECOMMENDED COURSE IDENTIFICATION	DN:		EFFECTIVE DATE: 150
PREFIX ARC COURSE NUMBER 520	06 LAB CODE (L or C) Class		
(To obtain a course number, contact	MJENNING@FAU.EDU)		(first term course will be offered) FACL, 2012
COMPLETE COURSE TITLE			FALL, ZUIZ
ADVANCED ARCHITECTURAL THEORY			The Control of the Co
CREDITS: 3			
GRADING (SELECT ONLY ONE GRADING OF	PTION): REGULAR X	SATISFACTORY/UN	SATISFACTORY
COURSE DESCRIPTION, NO MORE THAN MANIFESTED IN THE WORKS AND WRITIN			CONSIDERATIONS IN ARCHITECTURE AS
PREREQUISITES: NONE	COREQUISITES:		RATION CONTROLS (MAJOR, COLLEGE, LEVEL):
PREREQUISITES, COREQUISITES & REGIST	RATION CONTROLS SHOWN ABOVE WI	LL BE ENFORCED FOR AL	L COURSE SECTIONS.
MINIMUM QUALIFICATIONS NEEDED TO T MASTERS OF ARCHITECTURE	EACH THIS COURSE:		
Other departments, colleges that mi attach written comments from each.		se must be consulted	l. List entities that have been consulted and
Philippe d'Anjou, pdanjou@fau.edu,	, 954-762-5065		
Faculty Contact, Email, Complete F	Phone Number		
SIGNATURES			SUPPORTING MATERIALS
Approved by:		Date:	12 11 12 11 11 11 11 11 11 11 11 11 11 11

	Approved by: Department Chair: Dunks Handa College Curriculum Chair: Fruit College Dean: June Handa UGPC Chair: Handa Hay Dean of the Graduate College: Bay J. Para	Date: 2/50/12 2-22/12 2-22-12 3-/6-/2 3./8-/2	Syllabus—must include all details as shown in the UGPC Guidelines. To access Guidelines and download this form, go to: http://www.fau.edw/graduate/faculty/andstaff/program.committee/index.php Written Consent—required from all departments affected.
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Graduate Programs—COURSE CHANGE REQUEST

	UGPC APPROVAL
	UFS APPROVAL
	SCNS SUBMITTAL
ĺ	CONFIRMED
	BANNER POSTED
	CATALOG

DEPARTMENT: ECONOMICS	COLLEGE: BUSINESS	
COURSE PREFIX AND NUMBER: ECO 6906	CURRENT COURSE TITLE: DIRECTED INDEPENDENT STUDY	
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): SUMMER 2012	TERMINATE COURSE (LIST FINAL ACTIVE TERM):	
CHANGE TITLE TO:	CHANGE PREREQUISITES/MINIMUM GRADES TO*:	
CHANGE PREFIX FROM: TO:		
CHANGE COURSE NO. FROM: TO: CHANGE CREDITS FROM: TO: CHANGE GRADING FROM: S/U TO: REGULAR (LETTER)	CHANGE COREQUISITES TO*:	
CHANGE DESCRIPTION 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 cha	nges 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: Eric Chiang, Graduate Director: 561-297-2947; Charles Register, Chair: 561-297-3220

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair:	2/8/12	
College Curriculum Chair: Plh Butt	2/9/12	•Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaff
College Dean: tank Itan	2.14.12	programscommittee/index.php)
UGPC Chair: ASMuh Hous	3-16-12	•Written consent from all departments
Graduate College Dean: Bon 1. Rom	3.18.12	affected by changes

Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL	
UFS APPROVAL	
SCNS SUBMITTAL	
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CATALOG	

DEPARTMENT: SCHOOL OF ACCOUNTING	College: BUSINESS
Course Prefix and Number: ACG 6135	CURRENT COURSE TITLE: ADVANCED ACCOUNTING THEORY
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): SUMMER 2012	TERMINATE COURSE (LIST FINAL ACTIVE TERM):
CHANGE TITLE TO:	X CHANGE PREREQUISITES/MINIMUM GRADES TO*:
	EXISTING PREREQUISITES: Prerequisites: Admission to
CHANGE PREFIX FROM: TO:	
OTANOL I REPLACEMENT.	College of Business master's program and ACG 6138 or equivalent.
CHANGE COURSE No. FROM: TO:	NAME AND DESCRIPTION
TOTAL COURSE TO LITORIA TO	NEW PREREQUSITES:
CHANGE CREDITS FROM: TO:	Prerequisite: Admission to a College of Business master's program,
	and ACG 6137 or ACG 3141 or equivalent.
CHANGE GRADING FROM: TO:	Prerequisite or corequisite: GEB 6215.
CHANGE DESCRIPTION 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.
4 1 1 0 A NOTE 7 1	
Attach syllabus for ANY cha	inges to current course information.
Should the requested change(s) cause this course to overlap	Departments and/or colleges that might be affected by the change(s)
any other FAU courses, please list them here.	must be consulted and listed here. Please attach comments from each.
•	
	GRADUATE COMMUNICATIONS PROGRAM

Faculty contact, email and complete phone number: Dr. Karen Hooks, khooks (a fau.edu, (954) 236-1190

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair:	2/9/12	•Syllabus (see guidelines for requirements:
College Curriculum Chair: Lillu Sunt	2/9/12	http://www.fan.edu/graduate/facultyandstaff/
College Dean: Carl How	1. i4 12	programscommittee/index.php)
UGPC Chair: LEWUL HOLD	1 1 1 1 1 1 1 1	• Written consent from all departments affected by changes
Graduate College Dean: Bom J. Rom	3.18.12	anected by changes

Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL	
UFS APPROVAL	
SCNS SUBMITTAL_	
CONFIRMED	
BANNER POSTED	
CATALOG	-

DEPARTMENT: SCHOOL OF ACCOUNTING	COLLEGE: BUSINESS		
COURSE PREFIX AND NUMBER: ACG 6315	CURRENT COURSE TITLE: ADVANCED ANALYSIS AND APPLICATION OF ACCOUNTING DATA TERMINATE COURSE (LIST FINAL ACTIVE TERM):		
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 2012			
CHANGE TITLE TO:	EXISTING PREREQUISITES: Prerequisites: Admission to College of Business master's program and ACG 6027 or equivalent and ACG 2021 or ACG 2071 Prerequisite or Corequisite: GEB 6215		
CHANGE PREFIX FROM: TO:			
CHANGE COURSE NO. FROM: TO:	CHANGE PREREQUISITES/MINIMUM GRADES TO*: Prerequisites: Admission to a College of Business master's program and ACG 6027 or ACG 2021 or equivalent		
CHANGE CREDITS FROM: TO:	Prerequisite or Corequisite: GEB 6215		
CHANGE GRADING FROM: TO:			
CHANGE DESCRIPTION TO:	CHANGE COREQUISITES TO*:		
	CHANGE REGISTRATION CONTROLS TO:		
	anges 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.		
No	None		

Faculty contact, email and complete phone number: Jian Cao, jcao@fau.edu, 561-297-3727

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair:	2/9/12	•Syllabus (see guidelines for requirements:
College Curriculum Chair: _ lellu & Luit	2/10/12	http://www.fau.edu/graduate/facultyandstaff
College Dean: Pank btak	2.14.12	programscommitter index.php)
UGPC Chair: John Who Hay		•Written consent from all departments
Graduate College Dean: Bry J. Rom-	3.18.12	affected by changes

Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL_	
UFS APPROVAL	
SCNS SUBMITTAL_	
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CONFIRMED	
CONFIRMED BANNER POSTED	

DEPARTMENT: ACCOUNTING	College: Business		
COURSE PREFIX AND NUMBER: ACG 6137 CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 2012	CURRENT COURSE TITLE: FINANCIAL REPORTING AND ACCOUNTING CONCEPTS TERMINATE COURSE (LIST FINAL ACTIVE TERM):		
CHANGE TITLE TO:	EXISTING PREREQS / COREQS: Prerequisites: Admission to College of Business Master's program and ACG 6027 or equivalent		
CHANGE PREFIX FROM: TO:	CHANGE PREREQS/ COREQUISITES TO*:		
CHANGE COURSE NO. FROM: TO:	PREREQUISITE: 1) ADMISSION TO A COLLEGE OF BUSINESS MASTER'S PROGRAM, 2) ACG 6027 OR EQUIVALENT, AND 3) SATISFACTORY PERFORMANCE ON PRINCIPLES OF ACCOUNTING COMPETENCY EXAM,		
CHANGE CREDITS FROM: TO:	WWW.SOA.FAU.EDU/EXAM		
CHANGE GRADING FROM: TO:			
CHANGE DESCRIPTION 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 cha	inges 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.		
No			

Faculty contact, email and complete phone number: Mary Walsh, <u>navalshalaturedu</u>, (561) 297-3248

Explanation: ACG 6137 is the graduate equivalent of undergraduate ACG 3131 + 3141. The School of Accounting requires that the Accounting Competency exam be taken as a prerequisite to ACG 3131. To make requirements consistent, the Competency Exam should also be prerequisite to ACG 6137.

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair:	2/9/12	*Syllabus (see guidelines for requirements:
College Curriculum Chair: Plu Educt	2/10/12	his a sa dan sh padana ka disanda di .
College Dean: Jaugh Harry	2.14.12	<u>arngo nun ministes lindex, pigo</u>
UGPC Chair: Show Haye		*Written consent from all departments affected by changes
Graduate College Dean: Bm J. Jam	3.18.12	arrected by changes

Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL
UFS APPROVAL
SCNS SUBMITTAL
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DEPARTMENT: ACCOUNTING	COLLEGE: BUSINESS			
Course Prefix and Number: ACG 6347	CURRENT COURSE TITLE: COST ACCOUNTING THEORY AND PRACTICE			
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 2012	TERMINATE COURSE (LIST FINAL ACTIVE TERM):			
Change Title to:	EXISTING PREREQS / COREQS: Prerequisites: Admission to College of Business Master's program and ACG 6027 or equivalent			
CHANGE PREFIX FROM: TO: CHANGE COURSE NO. FROM: TO:	CHANGE PREREQS/ COREQUISITES TO*: PREREQUISITE: 1) ADMISSION TO A COLLEGE OF BUSINESS MASTER'S PROGRAM, 2) ACG 6027 OR EQUIVALENT, AND 3) SATISFACTORY			
CHANGE CREDITS FROM: TO:	PERFORMANCE ON PRINCIPLES OF ACCOUNTING COMPETENCY EXAM, WWW.SOA.FAU.EDU/EXAM			
CHANGE GRADING FROM: TO:				
CHANGE DESCRIPTION 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.			
No				

Faculty contact, email and complete phone number: Mary Walsh, navaish 8 a fau. edu, (561) 297-3248

Explanation: ACG 6347 is the graduate equivalent of undergraduate ACG 3341. The School of Accounting requires that the Principles of Accounting Competency exam be taken as a prerequisite to ACG 3341. To make requirements consistent, the Competency Exam should also be prerequisite to ACG 6347.

Ammagrad Euro		
Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair:	2/9/12	*Syllabus (see guidelines for requirements:
College Curriculum Chair:		http://www.son.odu/groduate/facultyandstaff
College Dean: Jank Han	2.14.12	<u>prosramscompilice index phpi</u>
UGPC Chair: Stablun HOUS	3 / 6 / -	•Written consent from all departments
Graduate College Dean: By T. Rom	3.16.12	affected by changes

	UNIVERSITY"		CONFIRMED						
			BANNER POSTED						
	Graduate Programs—NEW COURSE PROPOSAL		AL	CATALOG POSTED					
	DEPARTMENT NAME:	NFORMATIC	N TECHNOLOGY &		E OF: BUSINESS		WES POST	ED	
ŀ	OPERATIONS MANAGE	MENT		00222	COF, DUSINESS				
-	RECOMMENDED COUR	SE IDENTIFI	CATION:					T	
1	PREFIX _ISM		_ Course Number	6404	LAB C	OD# /[INSTRUCTIONAL METHO	Ð
-					LAGO	ODE (F OF	··)	(V, BB, IC, EC, ETG.):	
L	EFFECTIVE DATE (first	term cour	se will be offered): F	ALL 2012			1	BB	
L	CREDITS: 3	LAB/Disc	USSION:		NFORMATION:				
	LECTURE: Y	FIELD WO	PRK;	· IIII	redriation:	Sei	ATTACHED	sample syllabus	
	GRADING: REGULAR	_X	Pass/Fail	SATISEACTO	RY/UNSATISFACTORY				
	COURSE DESCRIPTION	NO HODE		OATISFACTOR	CY/UNSATISFACTORY				
	MINING, TEXT MINING, AM A LABORATORY SETTING	ID WEB MINI	ng Using Various an	IALYTICAL TOO	TION OF BUSINESS ANALY	YTICS (BA) PLICATIONS Fo	10 SMALLER	F VISUALIZATION, DATA FIRMS ARE INVESTIGATED	·IN
F	PREREQUISITES: FULLY BRADUATE STUDENTS	ADMITTED	COREQUISITES:		OTHER REGISTRATION	CONTROL	S (MAJOR, C	OUTER Locals	
ı) Check box to enfor	ce*	_	,			,, <u>.</u>		
<u> </u>	Inuration account		O Check box to e		O Check box to enfo	rce*			
["	INTERNATION CURLIFICATION	s needed t	O TEACH THIS COURSE	: TERMINAL I	EGREE IN APPROPRIATE	PE D			_
O	ther departments, co	lleges that	might be affected b	w the new o					
at	tach written commer	its from ea	ich.	A THE YEAR O	ourse must be consulte	d. List en	tities that h	nave been consulted and	d
L									
Di	culty Contact, Email	L Complet	e Phone Number						
	r. Robert Cerveny,	cerveny(a)	<u>fav.edu,</u> (561) 297	-4008					
SIG	ENATURES		-						
_	proved by:	7	7/-			SUPPO	RTING M.	ATERIALS	
	partment Chair:	711		De	ate:			lude course objectives.	7
	lege Curriculum Cha	ir:	llu & dus	不一	1/11/12	Write depart	ien Consent— invents affected	-required from all	

UUPC APPROVAL SCNS SUBMITTAL

Go to: http://graduate.fau.edu/gpc/ to download this form

* "Enforce" prerequisites or other registration controls adds these restrictions to the course schedule; students whose academic 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>Graduate Studies</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.

College Dean:

UGPC Chair:

Dean, Graduate Studies



Graduate Programs—COURSE CHANGE REQUEST

	UGPC Approval
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1	SCNS SUBMITTAL
	CONFIRMED
	BANNER POSTED
	CATALOG
	SCNS SUBMITTAL CONFIRMED BANNER POSTED

DEPARTMENT: N/A	COLLEGE: COLLEGE OF MEDICINE
Course Prefix and Number: BMS 6015	CURRENT COURSE TITLE: FUNDAMENTALS OF MEDICINE 1
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM)! FALL 2012	TERMINATE COURSE (LIST FINAL ACTIVE TERM):
CHANGE TITLE TO: FOUNDATIONS OF MEDICINE 1	CHANGE PREREQUISITES/MINIMUM GRADES TO*:
CHANGE PREFIX FROM: TO:	
Change Course No. From: To:	Change Corequisites to*:
Change Credits from: 10 to: 12	OTANGE CONECUCIONES TO .
CHANGE GRADING FROM: TO:	
CHANGE DESCRIPTION TO:	CHANGE REGISTRATION CONTROLS TO:
	*Please list both existing and new pre/corequisites, specify AND or OR, and include minimum passing grade.
Attach syllabus för ANY cha	nges 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: Mario Jacomino, M.D.: Assistant Professor of Clinical Biomedical Science BC-140: 561 297-0723; mjacomin@fau.edu and Mira Sarsekeyeva, M.D.; Assistant Professor of Clinical Biomedical Science BC-137: 561 297-3790; msarseke@fau.edu

Approved by:	Date;	ATTACHMENT CHECKLIST
Department Chair: Sunday Newson College Curriculum Chair: Que luche Ottendo College Dean:	2-5-12	*Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaff/ programscommittee/index.php) *Written consent from all departments
Graduate College Dean:		affected by changes



Graduate Programs—COURSE CHANGE REQUEST

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Denomina M/A			
DEPARTMENT: N/A		COLLEGE: COLLEGE OF MEDICINE	
Course Prefix and Number: BMS 6016		CURRENT COURSE TITLE: FUNDAMENTALS OF MEDICINE 2	
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FAIL 2012		TERMINATE COURSE (LIST FINAL ACTIVE TERM):	
CHANGE TITLE TO: FOUNDATIONS OF	MEDICINE 2	CHANGE PREREQUISITES/MINIMUM GRADES TO*:	
CHANGE PREFIX FROM:	то:		
CHANGE COURSE No. FROM:	то:		
CHANGE CREDITS FROM: TO:		CHANGE COREQUISITES TO*:	
CHANGE GRADING FROM:	то:		
CHANGE DESCRIPTION TO:		CHANGE REGISTRATION CONTROLS TO:	
		*Please list both existing and new pre/corequisites, specify AND or OR, and include minimum passing grade.	
reconstruction of the second o		nges to current course information.	
Should the requested change(s) car any other FAU courses, please list	use this course to overlap 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: Mario Jacomino, M.D.: Assistant Professor of Clinical Biomedical Science BC-140: 561 297-0723; majacomin@fau.edu and Mira Sarsekeyeva, M.D.; Assistant Professor of Clinical Biomedical Science BC-137: 561 297-3790; majacomin@fau.edu and Mira Sarsekeyeva, M.D.; Assistant Professor of Clinical Biomedical Science BC-137: 561 297-3790; majacomin@fau.edu and Mira Sarsekeyeva, M.D.; Assistant Professor of Clinical Biomedical Science BC-137: 561 297-3790; majacomin@fau.edu and Mira Sarsekeyeva, M.D.; Assistant Professor of Clinical Biomedical Science BC-137: 561 297-3790; majacomin@fau.edu and Mira Sarsekeyeva, M.D.; Assistant Professor of Clinical Biomedical Science BC-137: 561 297-3790; majacomin@fau.edu and Mira Sarsekeyeva, M.D.; Assistant Professor of Clinical Biomedical Science BC-137: 561 297-3790; majacomin@fau.edu and Mira Sarsekeyeva, M.D.; Assistant Professor of Clinical Biomedical Science BC-137: 561 297-3790; majacomin@fau.edu and Mira Sarsekeyeva, M.D.; Assistant Professor of Clinical Biomedical Science BC-137: 561 297-3790; majacomin@fau.edu and Mira Sarsekeyeva, M.D.; Assistant Professor of Clinical Biomedical Science BC-137: 561 297-3790; majacomin@fau.edu and Mira Sarsekeyeva, M.D.; Assistant Professor of Clinical Biomedical Science BC-137: 561 297-3790; majacomin@fau.edu and Mira Sarsekeyeva, M.D.; majacomin@fau.edu and Mira Sarsekeyeva, M.D.; majacomin@fau.edu and Mira Sarsekeyeva, M.D.; majacomin@fau.edu and Mira Sarsekeyeva, majacomin@fau.edu and Mira Sarsekeyeva, <a href="maja

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair: Swadney Hendr	3(5/12	•Syllabus (see guidelines for requirements:
College Curriculum Chair: 1200 lacous Cittanto	3/5/12	http://www.fau.edu/graduate/facultvandstaff/
College Dean:	3-5-12	programscommittee/index.php)
UGPC Chair: All White House		•Written consent from all departments
Graduate College Dean: Down T. Rom	3.18.12	affected by changes
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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 6017	CURRENT COURSE TITLE: FUNDAMENTALS OF MEDICINE 3	
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 2012	TERMINATE COURSE (LIST FINAL ACTIVE TERM):	
CHANGE TITLE TO: FOUNDATIONS OF MEDICINE 3	CHANGE PREREQUISITES/MINIMUM GRADES TO*:	
CHANGE PREFIX FROM: TO:		
CHANGE COURSE NO. FROM: TO:		
CHANGE CREDITS FROM: TO:	CHANGE COREQUISITES TO*:	
CHANGE GRADING FROM: TO:		
CHANGE DESCRIPTION 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 cha	nges 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: Mario Jacomino, M.D.: Assistant Professor of Clinical Biomedical Science BC-140: 561 297-0723; mjacomin@fau.edu and Mira Sarsekeyeva, M.D.; Assistant Professor of Clinical Biomedical Science BC-137: 561 297-3790; msarseke@fau.edu

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair: Derichty Wens	3/5/12	
College Curriculum Chair: (120 lucio (12 tarto	3/5/12	•Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultvandstaff/
College Dean:		programscommittee/index.php)
UGPC Chair: White HOAS	3-16-12	•Written consent from all departments
Graduate College Dean: Pom J. Rom	3.18.12	affected by changes

Graduate Programs—COURSE CHANGE REQUEST

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	UFS APPROVAL
	SCNS SUBMITTAL
	CONFIRMED
	BANNER POSTED
	CATALOG

Gradatte Frograms COURDE CIT	TOE REQUEST	CATALOG	
DEPARTMENT: N/A	COLLEGE: COLLEGE OF MEDIC	NE	
Course Prefix and Number: BMS 6031	CURRENT COURSE TITLE: FUND	DAMENTALS OF BIOMEDICAL SCIENCE 1	
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 2012	TERMINATE COURSE (LIS	T FINAL ACTIVE TERM).	
CHANGE TITLE TO:	CHANGE PREREQUISITES/MINIM	IUM GRADES TO*:	
CHANGE PREFIX FROM: TO:			
CHANGE COURSE NO. FROM: TO:	CHANGE COREQUISITES TO*:	Curve- Containing ast	
CHANGE CREDITS FROM: 8 TO: 7	CHANGE COREQUISITES TO":		
CHANGE GRADING FROM: TO:			
CHANGE DESCRIPTION TO:	CHANGE REGISTRATION CONTR	OLS TO:	
	*Please list both existing and OR, and include minimum pa	new pre/corequisites, specify AND or assing grade.	
Attach syllabus for ANY ch			
Should the requested change(s) cause this course to overlap any other FAU courses, please list them here.	Departments and/or colleges must be consulted and listed l	that might be affected by the change(s) nere. Please attach comments from each.	

Faculty contact, email and complete phone number: Zhongwei Li, Ph.D.: Associate Professor of Biomedical Science BC-308: 561 297-3178; zli@fau.edu

ı	Approved by:	Date:	ATTACHMENT CHECKLIST
	Department Chair: Beischen Wenson	3/5/12	•Syllabus (see guidelines for requirements:
l	College Curriculum Chair: Uto Worns (Hando		http://www.fau.edu/graduate/facultyandstaff/
	College Dean:	3-5-12	programscommittee/index.php)
	UGPC Chair: MULL HOUS		• Written consent from all departments
I	Graduate College Dean: Bry T. Ronn	3-18-12	affected by changes
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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 6032	CURRENT COURSE TITLE: FUNDAMENTALS OF BIOMEDICAL SCIENCE 2	
CHANGE(S) ARE TO BE EFFECTIVE (LIST FERM): FALL 2012	TERMINATE COURSE (LIST FINAL ACTIVE TERM):	
CHANGE TITLE TO:	CHANGE PREREQUISITES/MINIMUM GRADES TO*:	
CHANGE PREFIX FROM: TO: CHANGE COURSE NO. FROM: TO: CHANGE CREDITS FROM: 6 TO: 7 CHANGE GRADING FROM: TO: CHANGE DESCRIPTION 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 cha Should the requested change(s) cause this course to overlap any other FAU courses, please list them here.	Ages to current course information. 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: Deborah Louda, Ph.D.: Associate Professor of Clinical Biomedical Science BC-140A: 561 297-3622; dlouda@fau.edu

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair: Sulday Henson	3/5/12	•Syllabus (see guidelines for requirements:
College Curriculum Chair: Uno Lucus Utlanto	3/5/12	http://www.fau.edu/graduate/facultyandstaff/
College Dean: Milabel	3-5-12	programscommittee/index.php)
UGPC Chair: ARMON HOUS	3-16-12	•Written consent from all departments
Graduate College Dean: By T. Rom	3./8/12	affected by changes



Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL	
UFS APPROVAL	
SCNS SUBMITTAL	
CONFIRMED	
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CATALOG	

DEPARTMENT: N/A	COLLEGE: COLLEGE OF MEDICINE
Course Prefix and Number: BMS 6033	CURRENT COURSE TITLE: FUNDAMENTALS OF BIOMEDICAL SCIENCE 3
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 2012	TERMINATE COURSE (LIST FINAL ACTIVE TERM):
CHANGE TITLE TO:	CHANGE PREREQUISITES/MINIMUM GRADES TO*:
CHANGE PREFIX FROM: TO: CHANGE COURSE NO. FROM: TO: CHANGE CREDITS FROM: 6 TO: 7 CHANGE GRADING FROM: TO: CHANGE DESCRIPTION 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 cha	inges 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: Gary Rose, M.D.: Associate Professor of Clinical Biomedical Science BC-119: 561 297-0675; grose@fau.edu

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair: Sunday Henor		•Syllabus (see guidelines for requirements:
College Curriculum Chair: Una lucua Utanto	3/15/12	http://www.fau.edu/graduate/facultyandstaff/ programscommittee/index.php)
College Dean:	3-5-12	•Written consent from all departments
UGPC Chair: July 1	3/0/0	affected by changes
Graduate College Dean: Bon 7. Hom	3.18.12	

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Graduate Programs—NEW COURSE PROPOSAL		CATALOG			
DEPARTMENT: N/A			COLLEGE: CO	LEGE OF MEDICINE	
RECOMMENDED COU	RSE IDENTIFICATION:		05		ERFECTIVE DATE
PrefixBN	IS Cours	E NUMBER	6045	LAB CODE (L or C)	(first term course will be offered)
(TO OBTAIN A COURSE	NUMBER, CONTACT RPO	N ANGKWEALL	anu)		
•	TITLE: SYNTHESIS	•	•		SPRING 2013
CREDITS: 4					ophysiologic Basis of Drug Lippincott, Williams and Wilkins,
GRADING (SELECT ON	LY ONE GRADING OPTIC	N): REGULAR	SATI	SFACTORY/UNSATISFACT	ORY_X_
	synthesize know	ledge acqu			arse at the end of Year 2 designed dical school to prepare them for a
Prerequisites *:		Corequis	ITES*:	REGISTRATION C	CONTROLS (MAJOR, COLLEGE, LEVEL)*:
MUST HAVE SUCC COMPLETE ALL PR COURSES IN THE M	REVIOUS				
* PREREQUISITES, COR	EQUISITES AND REGISTI	RATION CONTRO	DLS WILL BE ENFORC	CED FOR ALL COURSE SECT	ions.
MINIMUM QUALIFICATI	ons needed to tead			olly BIL	
Faculty contact, email a Lindsey Henson, 2219; Lindsey.he	M.D., Ph.D.; 56			or colleges that might be ed here. Please attach con	affected by the new course must be mments from each.
Approved by:				Data	ATTACHMENT CHECKLIST
прриочен оу:		• /		Date:	THE PRODUCTION OF THE PRODUCTION

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair: Sinday Wexa	3/5/12	*Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultvandstaf
College Curriculum Chair: (14 Live College Dean: 12 College Dean: 14 College Dean: 15 College Dean: 16 Colle	5-3-12	f/programscommittee/index.php)
UGPC Chair: Albandon	3-16-12	•Written consent from all departments affected by new course
Graduate College Dean:	3.18.12	-

Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL_	
UFS APPROVAL	
SCNS SUBMITTAL_	
CONFIRMED	
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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	X TERMINATE COURSE (LIST FINAL ACTIVE TERM): SPRING 2012	
CHANGE TITLE TO:	CHANGE PREREQUISITES/MINIMUM GRADES TO*:	
CHANGE PREFIX FROM: TO:		
CHANGE COURSE NO. FROM: TO:	CHANGE COREQUISITES TO*:	
CHANGE CREDITS FROM: TO:	CHANGE COREQUISITES TO :	
CHANGE GRADING FROM: TO:		
CHANGE DESCRIPTION TO:	Change Registration Controls to:	
	*Please list both existing and new pre/corequisites, specify AND or OR, and include minimum passing grade.	
は大田の本語を持ちています。 また 1 mm できませる 1 mm できませる 1 mm できませる 1 mm できません 1 mm できます 1 mm できまます 1 mm できます 1 mm できます 1 mm できまます 1 mm できままます 1 mm できままます 1 mm できままます 1 mm できまままままままままままままままままままままままままままままままままま	nges 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.	
	I	

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

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair: Senday Lews of College Curriculum Chair: Our Lucus Uttanto	3/8/12	*Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaff/
College Dean:	3-3-12	programscommittee/index.php)
Graduate College Dean:		•Written consent from all departments affected by changes
Graduate Correge Dour.		



Graduate Programs—COURSE CHANGE REQUEST

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SCNS SUBMITTAL	
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DEPARTMENT: N/A	COLLEGE: COLLEGE OF MEDICINE	
Course Prefix and Number: BMS 6634	CURRENT COURSE TITLE: GASTROINTESTINAL, HEPATOLOGY AND NUTRITION	
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 2012	TERMINATE COURSE (LIST FINAL ACTIVE TERM):	
CHANGE TITLE TO: PATHOPHYSIOLOGY AND THERAPEUTICS 1	CHANGE PREREQUISITES/MINIMUM GRADES TO*:	
CHANGE PREFIX FROM: CHANGE COURSE NO. FROM: BMS CL34 TO: CHANGE CREDITS FROM: CHANGE GRADING FROM: CHANGE DESCRIPTION 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.	
	nges 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: Morton Levitt , M.D.: Professor of Clinical Biomedical Science BC-338: 561 297-0911; mlevitt3@fau.edu

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair: Scredding Heinon	3/5/12	ASvilla hava (ann muideline Sun e
College Curriculum Chair: Cine Lione atticle		*Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaff/
College Dean: Alle Saule	3-5-12	programscommittee/index.php)
UGPC Chair Ablan Hous		•Written consent from all departments
Graduate College Dean: Bm J. Rom	3.18.12	affected by changes



Graduate Programs—COURSE CHANGE REQUEST

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DEPARTMENT: N/A	COLLEGE: COLLEGE OF MEDICINE	
Course Prefix and Number: BMS 6633; BMS 6642	CURRENT COURSE TITLE: THE CARDIOVASCULAR SYSTEM; RESPIRATORY SYSTEM	
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 2012.	TERMINATE COURSE (LIST FINAL ACTIVE TERM):	
CHANGE TITLE TO: PATHOPHYSIOLOGY AND THERAPEUTICS 2	CHANGE PREREQUISITES/MINIMUM GRADES TO*:	
CHANGE PREFIX FROM: CHANGE COURSE NO. FROM: CHANGE CREDITS FROM: CHANGE GRADING FROM: CHANGE DESCRIPTION TO:	CHANGE COREQUISITES TO*: CHANGE REGISTRATION CONTROLS TO:	
Attach syllabus for ANY cha Should the requested change(s) cause this course to overlap any other FAU courses, please list them here.	*Please list both existing and new pre/corequisites, specify AND or OR, and include minimum passing grade. nges to current course information. 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: Michelle Schwartz, M.D.; Assistant Professor of Clinical Biomedical Science; 561 997-2554; mschwartz@mdvip.com and Ira Gelb, M.D.; Professor of Clinical Biomedical Science; BC-121, 561 297-2249; ijgelb@fau.edu

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair: Suday Herron	3(5/12	•Syllabus (see guidelines for requirements:
College Curriculum Chair: Aug Lucus 62 2018	3/5/12	http://www.fau.edu/graduate/facultyandstaff/
College Dean:	3-5-12	programscommittee/index.php)
UGPC Chair: HONAN HOAS		•Written consent from all departments
Graduate College Dean: Bry T. Por	3.18.12	affected by changes

Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL	
UFS APPROVAL_	
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DEPARTMENT: N/A	COLLEGE: COLLEGE OF MEDICINE	
	COLLEGE OF MEDICINE	
Course Prefix and Number: BMS 6632; BMS 6638	CURRENT COURSE TITLE: ENDOCRINOLOGY AND REPRODUCTION; RENAL SYSTEM	
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 2012	TERMINATE COURSE (LIST FINAL ACTIVE TERM):	
CHANGE TITLE TO: PATHOPHYSIOLOGY AND THERAPEUTICS 3	Change Prerequisites/Minimum Grades to*:	
CHANGE PREFIX FROM: CHANGE COURSE NO. FROM: CHANGE CREDITS FROM: CHANGE GRADING FROM: TO: CHANGE DESCRIPTION TO:	CHANGE COREQUISITES TO*: CHANGE REGISTRATION CONTROLS TO:	
Aftach syllabus for ANY char Should the requested change(s) cause this course to overlap any other FAU courses, please list them here.	*Please list both existing and new pre/corequisites, specify AND or OR, and include minimum passing grade. **Iges to current course information.** Departments and/or colleges that might be affected by the change(s) must be consulted and listed here. Please attach comments from each.	
	dell'i	

Faculty contact, email and complete phone number: Philip Robinson, M.D.; Associate Professor of Clinical Biomedical Science; RP-108: 561 297-2379; probinso@fau.edu

Approved by:	Date:	ATTACHMENT CHECKLIST
Department Chair: Sinday Hense	315/12	
College Curriculum Chair: Cuo lucre atrans	ole 3/5/12	•Syllabus (see guidelines for requirements: http://www.fau.edu/graduate/facultyandstaff/
College Dean:	3-5-12	programscommittee/index.php)
UGPC Chair: AMAR HODS	3-16-12	•Written consent from all departments
Graduate College Dean: 13-7. 12-	3.18.12	affected by changes
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Graduate Programs—COURSE CHANGE REQUEST

UGPC APPROVAL
UFS APPROVAL
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DEPARTMENT: N/A	000000000000000000000000000000000000000	
DEFARTMENT, NIA	COLLEGE: COLLEGE OF MEDICINE	
Course Breeze and March Black Course A Course A Course Breeze Breeze A Course Breeze Bre		
Course Prefix and Number: BMS 6035 6305 61	CURRENT COURSE TITLE: INFECTION AND INFLAMMATION	
CONSTRUCTOR ATTENDED		
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): FALL 2012	TERMINATE COURSE (LIST FINAL ACTIVE TERM):	
CHANGE TITLE TO: PATHOPHYSIOLOGY AND THERAPEUTICS 4	CHANGE PREREQUISITES/MINIMUM GRADES TO*:	
Change Prefix from: to:	h /	
SIGNET KETATION. 10.		
CHANGE COURSE NO. FROM: TO:		
CHANGE COURSE NO. FROM: TO: BMS 6545	CHANGE COREQUISITES TO*:	
CHANGE CREDITS FROM: TO:		
CHANGE GRADING FROM: TO:		
CHANGE DESCRIPTION TO:		
Change Description 10.	CHANGE REGISTRATION CONTROLS 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 cha	nges to current course information.	
Should the requested change(s) cause this course to overlap	Departments and/or colleges that might be affected by the change(s)	
any other FAU courses, please list them here.	must be consulted and listed here. Please attach comments from each.	
	İ	

Faculty contact, email and complete phone number: Mahyar Nouri-Shirazi, D.V.M., Ph.D.; Associate Professor of Clinical Biomedical Science; BC-326: 561 297-0935; mahyar.shirazi@fau.edu

Approved by:	Date;	ATTACHMENT CHECKLIST
Department Chair: Dundslag Consu	3/5/12	*Syllabus (see guidelines for requirements:
College Curriculum Chair: (Les lucus (LEacile	3/5/12	http://www.fau.edu/graduate/facultyandstaff/
College Dean:	3-5-12	programscommittee/index.php)
UGPC Chair: Jahluk HOW		•Written consent from all departments
Graduate Chege Dean: 1. 1.	3.18.12	affected by changes
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