

 <b>FLORIDA ATLANTIC UNIVERSITY</b>	<b>COURSE CHANGE REQUEST</b> <b>Undergraduate Programs</b>		UUPC Approval _____ UFS Approval _____ SCNS Submittal _____ Confirmed _____ Banner Posted _____ Catalog _____
	<b>Department</b> Nursing  <b>College</b> Christine E. Lynn College of Nursing		
<b>Current Course Prefix and Number</b> NUR4937		<b>Current Course Title</b> Scholarship for Evidence-Based Nursing Practice	
Syllabus must be attached for ANY changes to current course details. See Checklist. Please consult and list departments that may be affected by the changes; attach documentation.			
<b>Change title to:</b> RI Scholarship for Evidence-Based Nursing Practice  <b>Change prefix</b> <b>From:</b> <b>To:</b>  <b>Change course number</b> <b>From:</b> <b>To:</b>  <b>Change credits*</b> <b>From:</b> <b>To:</b>  <b>Change grading</b> <b>From:</b> <b>To:</b>  <b>Change WAC/Gordon Rule status**</b> Add <input type="checkbox"/> Remove <input type="checkbox"/>  <b>Change General Education Requirements***</b> Add <input type="checkbox"/> Remove <input type="checkbox"/>  <small>*Review Provost Memorandum</small> <small>**WAC/Gordon Rule criteria must be indicated in syllabus and approval attached to this form. See <a href="#">WAC Guidelines</a>.</small> <small>***General Education criteria must be indicated in syllabus and approval attached to this form. See <a href="#">GE Guidelines</a>.</small>		<b>Change description to:</b> No Changes   <b>Change prerequisites/minimum grades to:</b> No Changes   <b>Change corequisites to:</b> No Changes   <b>Change registration controls to:</b> No Changes   <small>Please list existing and new pre/corequisites, specify AND or OR and include minimum passing grade (default is D-).</small>	
<b>Effective Date</b> <small>(TERM &amp; YEAR)</small> Summer 2018		<b>Terminate course</b> List final active term	
<b>Faculty Contact/Email/Phone</b> Teresa Sakraida, Chair CON Comm.on Programs/tsakraida@fau.edu/561-297-4640			
<b>Approved by</b> Department Chair _____ College Curriculum Chair _____ College Dean _____ UUPC Chair _____ Undergraduate Studies Dean _____ UFS President _____ Provost _____		<b>Date</b> 3/11/2018 3/19/2018 3/19/2018 _____ _____ _____ _____	

Email this form and syllabus to [mjenning@fau.edu](mailto:mjenning@fau.edu) seven business days before the UUPC meeting.