



**FLORIDA  
ATLANTIC  
UNIVERSITY**

## COURSE CHANGE REQUEST Undergraduate Programs

**Department** Nursing Undergraduate Program

**College** Christine E. Lynn College of Nursing

UUPC Approval \_\_\_\_\_

UFS Approval \_\_\_\_\_

SCNS Submittal \_\_\_\_\_

Confirmed \_\_\_\_\_

Banner Posted \_\_\_\_\_

Catalog \_\_\_\_\_

**Current Course  
Prefix and Number**

NUR4945

**Current Course Title**

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.*

**Change title to:**

**Change prefix**

**From:**

**To:**

**Change course number**

**From:**

**To:**

**Change credits\***

**From:**

**To:**

**Change grading**

**From:**

**To:**

**Change WAC/Gordon Rule status\*\***

Add ☐

Remove ☐

**Change General Education Requirements\*\*\***

Add ☐

Remove ☐

\*Review Provost Memorandum

\*\*WAC/Gordon Rule criteria must be indicated in syllabus and approval attached to this form. See WAC Guidelines.

\*\*\*General Education criteria must be indicated in syllabus and approval attached to this form. See GE Guidelines.

**Change description to:**

**Change prerequisites/minimum grades to:**

**Change corequisites to:**

**Change registration controls to:**

Please list existing and new pre/corequisites, specify AND or OR and include minimum passing grade (default is D-).

**Effective Date**

(TERM & YEAR)

**Terminate course**

**List final active term**

Fall 2020

**Faculty Contact/Email/Phone**

**Approved by**

Department Chair

College Curriculum Chair

College Dean

UUPC Chair

Undergraduate Studies Dean

UFS President

Provost

**Date**

3/28/2017

3/28/2017

3/28/2017

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