



**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**

NUR4945L

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 seven business days before the UUPC meeting.