COURSE CHANGE REQUEST
Undergraduate Programs

FLORIDA ATLANTIC UNIVERSITY

Department

College

UUPC Approval _____

UFS Approval _____

SCNS Submittal _____

Confirmed _____

Banner Posted _____

Catalog _____

Current Course Prefix and Number	*Current* Course Title

*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 description to:**
Change prefix	
From: **To:**	
Change course number	**Change prerequisites/minimum grades to:**
From: **To:**	
Change credits*	
From: **To:**	
Change grading	**Change corequisites to:**
From: **To:**	
Change WAC/Gordon Rule status**	
Add **Remove**	**Change registration controls to:**
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.	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**
Faculty Contact/Email/Phone	

Approved by		*Date*
Department Chair	_____	_____
College Curriculum Chair	_____	_____
College Dean	_____	_____
UUPC Chair	_____	_____
Undergraduate Studies Dean	_____	_____
UFS President	_____	_____
Provost	_____	_____

Email this form and syllabus to mjenning@fau.edu seven business days before the UUPC meeting.

FAUchangecourseUG, created Summer 2017