**FLORIDA ATLANTIC UNIVERSITY**

**Graduate Programs—COURSE CHANGE REQUEST**

**DEPARTMENT:** SOCIOLOGY

**COLLEGE:** DOROTHY F SCHMIDT COLLEGE OF ARTS AND LETTERS

**COURSE PREFIX AND NUMBER:** SYO 6035

**CURRENT COURSE TITLE:** SEMINAR IN MICROSOCIOMETRY

**CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM):**

<table>
<thead>
<tr>
<th>CHANGE TITLE TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGE PREREQUISITES/Minimum Grades TO:*</td>
</tr>
<tr>
<td>Admission to graduate study or permission of the instructor</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>CHANGE PREFIX FROM:</th>
<th>TO:</th>
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</thead>
<tbody>
<tr>
<td>CHANGE COURSE NO. FROM:</td>
<td>TO:</td>
</tr>
<tr>
<td>CHANGE CREDITS:</td>
<td>TO:</td>
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<tr>
<td>CHANGE GRADING FROM:</td>
<td>TO:</td>
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<tr>
<td>CHANGE DESCRIPTION TO:</td>
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</table>

**TERMINATE COURSE (LIST FINAL ACTIVE TERM):**

**CHANGE REGISTRATION CONTROLS TO:**

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**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.

Please consult and list departments that might be affected by the change(s) and attach comments.

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**Faculty contact, email and complete phone number:**

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**Approved by:**

Department Chair: [Signature]

College Curriculum Chair: [Signature]

College Dean: [Signature]

UGPC Chair: [Signature]

Graduate College Dean: [Signature]

UF President: [Signature]

**Date:** 3/27/19

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1. **Syllabus must be attached; see guidelines for requirements:**


2. **Review Provost Memorandum: Definition of a Credit Hour**


3. **Consent from affected departments (attach if necessary)**

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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.

**FAUchange—Revised September 2012**