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UNIVERSITY

COURSE CHANGE REQUEST Undergraduate Programs

Department Exercise Science & Health Promotion

College of Education

UUPC Approval 4/29/19
UFS Approval
SCNS Submittal
Confirmed
Banner Posted
Catalog

0 10			mili	
Current Course Prefix and Numb	PEM 2141	se Title Systems		
				consult and list departments
that may be affected	d by the changes; attach do	cumentation.		
Change title to:		(change description to:	
		,		
Change prefix				
From:	To:			
Change course n	umber			
From:	To:	C	hange prerequisites/	minimum grades to:
Change credits*				
From:	To:	8		
Change grading		C	hange corequisites to	:
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Change WAC/Go	ordon Rule status**	77		
Add Remove			Change registration controls to:	
Change General	Education Requiremen		mange registration co	itti ols to.
Add	Remove			
*Review Provost Me				
	criteria must be indicated in s			
	this form. See WAC Guidelines		1	/
***General Education criteria must be indicated in syllabus and approval attached to this form. See GE Guidelines.		CONTRACTOR	Please list existing and new pre/corequisites, specify AND or OR and include minimum passing grade (default is D-).	
Effective Term/\			erminate course? Effe	
for Changes:			for Termination: Spring 2020	
Faculty Contact/E	mail/Phone Dr. Michael		tehur@fau.edu / 561-29	
Approved by	10.1.1			Date/ /
Department Chair	my whit			3/18/19
College Curriculum	Chair	m	The same of the sa	3/25/19
College Dean	alluft	Wisto.		3/26/19
UUPC Chair			1	4/29/19
Undergraduate Stud		2 fratt		01819
UFS President				
Provost				

 $Email\ this\ form\ and\ syllabus\ to\ \underline{mjenning@fau.edu}\ seven\ business\ days\ before\ the\ UUPC\ meeting.$