

 FLORIDA ATLANTIC UNIVERSITY	COURSE CHANGE REQUEST Graduate Programs		UGPC Approval _____ UFS Approval _____ SCNS Submittal _____
	Department _____ College _____		
Current Course Prefix and Number		Current Course Title	
<i>Syllabus must be attached for ANY changes to current course details. See Template. Please consult and list departments that may be affected by the changes; attach documentation.</i>			
Change title to: Change prefix From: To: Change course number From: To: Change credits* From: To: Change grading From: To: Academic Service Learning (ASL) ** Add Remove		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.	
Effective Term/Year for Changes:		Terminate course? Effective Term/Year for Termination:	
Faculty Contact/Email/Phone			
Approved by Department Chair _____ College Curriculum Chair _____ College Dean _____ UGPC Chair _____ UGC Chair _____ Graduate College Dean _____ UFS President _____ Provost _____			Date _____ _____ _____ _____ _____ _____ _____

Email this form and syllabus to UGPC@fau.edu 10 days before the UGPC meeting.