	NEW COURSE PROPOSAL **Graduate Programs**	UGPC Approval _____ UFS Approval _____ SCNS Submittal _____ Confirmed _____ Banner _____ Catalog _____
FLORIDA ATLANTIC UNIVERSITY	**Department** **College** (*To obtain a course number, contact **erudolph@fau.edu***)	

Prefix **Number**	*(L = Lab Course; C = Combined Lecture/Lab; add if appropriate)* **Lab** **Code**	**Type of Course**	**Course Title**
Credits (See *Definition of a Credit Hour*) **Effective Date** *(TERM & YEAR)*	**Grading** (Select One Option) **Regular** **Sat/UnSat**	**Course Description** (*Syllabus must be attached; see Template and Guidelines*)	

Prerequisites *Prerequisites, Corequisites and Registration Controls are enforced for all sections of course.*	**Academic Service Learning (ASL) course** Academic Service Learning statement must be indicated in syllabus and approval attached to this form.	
	Corequisites	**Registration Controls** (*For example, Major, College, Level*)

Minimum qualifications needed to teach course: Member of the FAU graduate faculty and has a terminal degree in the subject area (or a closely related field).	**List textbook information in syllabus or here**
Faculty Contact/Email/Phone	**List/Attach comments from departments affected by new course**

Approved by	*Date*
Department Chair _____	_____
College Curriculum Chair _____	_____
College Dean _____	_____
UGPC Chair _____	_____
UGC Chair _____	_____
Graduate College Dean _____	_____
UFS President _____	_____
Provost _____	_____

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