

 FLORIDA ATLANTIC UNIVERSITY	COURSE CHANGE REQUEST Undergraduate Programs	UUPC Approval <u>4/29/19</u> UFS Approval _____ SCNS Submittal _____ Confirmed _____ Banner Posted _____ Catalog _____
	Department Psychology College Science	

Current Course Prefix and Number EXP 4120	Current Course Title Auditory Perception
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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 prefix From: _____ To: _____ Change course number From: _____ To: _____ Change credits* From: _____ To: _____ Change grading From: _____ To: _____ Change WAC/Gordon Rule status** Add <input type="checkbox"/> Remove <input type="checkbox"/> Change General Education Requirements*** Add <input type="checkbox"/> Remove <input type="checkbox"/> <small>*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.</small>	Change description to: Change prerequisites/minimum grades to: PSY 1012 General Psychology ; C- EXP 3505 Cognition ; C- Change corequisites to: Change registration controls to: Please list existing and new pre/corequisites, specify AND or OR and include minimum passing grade (default is D-).
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Effective Term/Year for Changes: Fall 2019	Terminate course? Effective Term/Year for Termination:
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Faculty Contact/Email/Phone Lauren Mavica lkogolsc@fau.edu 2973364

Approved by Department Chair <u>[Signature]</u> College Curriculum Chair <u>[Signature]</u> College Dean _____ UUPC Chair <u>[Signature]</u> Undergraduate Studies Dean <u>[Signature]</u> UFS President _____ Provost _____	Date <u>4/22/19</u> <u>4/25/19</u> <u>4/25/19</u> <u>4/29/19</u> <u>5/8/19</u>
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Email this form and syllabus to mianning@fau.edu seven business days before the UUPC meeting.