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FLORIDA ATLANTIC UNIVERSITY

COURSE CHANGE REQUEST Undergraduate Programs

Department Nursing

College Christine E. Lynn College of Nursing

UUPC Approval 4/30/18
UFS Approval
SCNS Submittal
Confirmed
Banner Posted
Catalog

	-	_	_	Catalog	
Current Course Prefix and Numbe	MIIDAGA	Current Course Title Scholarship for Evidence-Based Nursing Practice			
	ched for ANY changes to curr by the changes; attach docun		details. See <u>Checklist</u> . Please	e consult and list departments	
Change title to:			Change description to	:	
RI Scholarship for Evidence-Based Nursing Practice Change prefix		No Changes 2016/18 - 1/-025			
		70/608 - 16025 16321 16322			
From:	To:			16322	
Change course nu				201901-\$	
From:	To:		Change prerequisites	/minimum grades to:	
	10.		No Changes		
Change credits*					
From:	To:				
Change grading			Change corequisites to:		
From:	To:		No Changes		
Change WAC/Gore	don Rule status**				
Add	Remove		Change registration controls to:		
Change General Education Requirements***					
Add *Review <u>Provost Men</u>	Remove		No Changes		
**WAC/Gordon Rule cr	riteria must be indicated in sylla	labus and			
	nis form. See <u>WAC Guidelines</u> . riteria must be indicated in syll	labus and	Please list existing and new t	ore/corequisites, specify AND or OR	
approval attached to th	is form. See <u>GE Guidelines</u> .		and include minimum passing grade (default is D-).		
Effective Date (TERM & YEAR)	Summer 2018		Terminate course List final active term		
Faculty Contact/Em	aail/Phone Teresa Sakraida	a, Chair CON	I Comm.on Programs/tsakrai	da@fau.edu/561-297-4640	
Approved by	N. (<u> </u>		Date	
Department Chair Wang			<u>u</u>	3119/2018	
College Curriculum Chair Leura (Sakrada)				3/19/2018	
College Dean	Jarach a. E/dwa	ands		3/19/2016	
UUPC Chair 9 2 mg 9 5 R			#	4/30/18	
Undergraduate Studi	ies Dean		rall_	218118	
HEC Duncidons					

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