

 FLORIDA ATLANTIC UNIVERSITY	COURSE CHANGE REQUEST Undergraduate Programs		UUPC Approval <u>5/1/17</u> UFS Approval _____ SCNS Submittal _____ Confirmed _____ Banner Posted _____ Catalog _____
	Department Nursing Undergraduate Program College Christine E. Lynn College of Nursing		
Current Course Prefix and Number NUR4945L		Current Course Title Evidence-Based Nursing Practice	
<i>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.</i>			
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"/>		Change description to: Change prerequisites/minimum grades to: Change corequisites to: Change registration controls to:	
*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 .		Please list existing and new pre/corequisites, specify AND or OR and include minimum passing grade (default is D-).	
Effective Date (TERM & YEAR) _____		Terminate course List final active term Fall 2020 202101	
Faculty Contact/Email/Phone			
Approved by		Date	
Department Chair <u>Nancy G. Moore</u>		<u>3/28/2017</u>	
College Curriculum Chair <u>Debra J. Alexander</u>		<u>3/28/2017</u>	
College Dean <u>Karethy Edwards</u>		<u>3/28/2017</u>	
UUPC Chair <u>g e lly</u>		<u>5/1/17</u>	
Undergraduate Studies Dean <u>Erin E. Bratt</u>		<u>5/2/17</u>	
UFS President _____		_____	
Provost _____		_____	

Email this form and syllabus to mjennning@fau.edu seven business days before the UUPC meeting.