

FLORIDA ATLANTIC UNIVERSITY™

Graduate Programs—COURSE CHANGE REQUEST¹

UGPC APPROVAL _____
 UFS APPROVAL _____
 SCNS SUBMITTAL _____
 CONFIRMED _____
 BANNER POSTED _____
 CATALOG _____

DEPARTMENT:	COLLEGE: COLLEGE OF MEDICINE
COURSE PREFIX AND NUMBER: MDC 7150	CURRENT COURSE TITLE: GERIATRICS AND PALLIATIVE CARE CLERKSHIP
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM):	<input checked="" type="checkbox"/> TERMINATE COURSE (LIST FINAL ACTIVE TERM): FALL 2014
CHANGE TITLE TO: CHANGE PREFIX FROM: TO: CHANGE COURSE NO. FROM: TO: CHANGE CREDITS ² FROM: TO: CHANGE GRADING FROM: TO: CHANGE DESCRIPTION TO:	CHANGE PREREQUISITES/MINIMUM GRADES TO*: CHANGE COREQUISITES TO*: CHANGE REGISTRATION CONTROLS TO: *Please list both existing and new pre/corequisites, specify AND or OR, and include minimum passing grade.
Attach syllabus for ANY changes to current course information.	
Should the requested change(s) cause this course to overlap any other FAU courses, please list them here.	Please consult and list departments that might be affected by the change(s) and attach comments. ³

Faculty contact, email and complete phone number:
Barry T. Linger, Ed.D., blinger@fau.edu, 561 297-0913

Approved by: Department Chair: _____ College Curriculum Chair: _____ College Dean: _____ UGPC Chair: _____ Graduate College Dean: _____ UFS President: _____ Provost: _____	Date: 10/2/14 10/1/14 10/1/14 10/8/14 10-15-14	1. Syllabus must be attached; see guidelines for requirements: www.fau.edu/provost/files/course_syllabus.2011.pdf 2. Review Provost Memorandum: Definition of a Credit Hour www.fau.edu/provost/files/Definition_Credit_Hour_Memo_2012.pdf 3. Consent from affected departments (attach if necessary)
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Email this form and syllabus to UGPC@fau.edu one week before the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website prior to the meeting.