REQUEST TO CHANGE THE REQUIREMENTS FOR A COURSE

Any change, addition or removal of any restriction, or change in credit hours or availability for a course requires this form, accompanied by any supporting documentation, be completed and approved as indicated below.

COLLEGE: College of Business

DEPARTMENT: College of Business

REQUEST IS FOR CHANGE IN COURSE: BUS 4220

International Accounting and Reporting

Prefix: BUS

Number: 4220

Course Title: International Accounting and Reporting

TO BE INCLUDED IN 19/20 CATALOG

Course changes are effective beginning with the fall term in which they appear in the University Catalog.

IS REQUEST FOR A CHANGE IN THE NAME LISTED ABOVE?

☐ Yes ☐ No If yes, requested name: ____________________________

IS REQUEST FOR A CHANGE IN CREDITS FOR COURSE LISTED ABOVE?

☐ Yes ☐ No If yes, current credits __________ requested credits __________

IS REQUEST TO CHANGE RESTRICTIONS FOR COURSE LISTED ABOVE?

☐ Yes ☐ No If yes, please check all that apply:

☐ Add ☐ Remove ☐ Prerequisite ☐ Corequisite: BUS 3212

Prefix: BUS

Number: 3212

☐ and ☐ or

☐ Add ☐ Remove ☐ Prerequisite ☐ Corequisite:

Prefix: ____________________________

Number: ____________________________

☐ and ☐ or

☐ Add ☐ Remove ☐ Other Restrictions*: ☐ Yes ☐ No If yes, please use box below:

*Other restrictions may include changing the grade mode (P/F, SU, A-E, EU), deactivating a course already in the system, majors or class levels restricted from registration, or other restrictions.

Please enter the complete prerequisite/restriction list as it should appear if this change is approved: Requires junior standing in the College of Business

☐ Yes ☐ No Is this request for the course to be used to measure program-level student learning outcomes?

☐ Yes ☐ No Is this request for the course to satisfy the scholarly inquiry requirement? If yes, attach "Q" materials for review.

☐ Yes ☐ No Will this change impact any existing programs? If yes, attach "Changing Graduation Requirements" form for each program that is impacted.

APPROVALS: Once appropriate department approvals are completed, submit to the Office of Graduate Programs, or Undergraduate Curriculum Committee Chair for placement on agenda.

1) Originator: ____________________________ Date: __________

2) Department Head/Program Chair: ____________________________ Date: __________

3) Dean or Associate Dean: ____________________________ Date: __________

4) Chair, Graduate Council: ____________________________ Date: __________

OR

Chair, Undergraduate Curriculum Committee: ____________________________ Date: __________

CATALOG & CURRICULUM MANAGER’S USE ONLY

SCACRSE: ____________________________ SCADETL: ____________________________ SCAPREQ: ____________________________

SCABASE: ____________________________ SCARRES: ____________________________ ACALOG: ____________________________ Operator Initials: ____________________________ Date: __________

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