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: Engineering and Science  DEPARTMENT: __________________________

REQUEST IS FOR CHANGE IN COURSE  E G N  2 1 0 0 Machine Shop Certification 2

Prefix   Number   Course Title

TO BE INCLUDED IN 20_19 / 20_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  E G N  1 1 5 0  ☐ and  ☐ or

Prefix   Number   Prefix   Number

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

*Other restrictions may include changing the grade mode (P/F, S/U, A-F, CEU), directing 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:

Prerequisite string should read Prerequisite: (EGN 1100 or EGN 1150) and valid Certification 1

☐ 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  10/3/18 __________________________

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

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