

Cover Sheet: Request 8786

MEM2500 Tales of King Arthur

Info

Process	Undergraduate Courses
Status	Pending
Submitter	Shoaf, Judith P jshoaf@ufl.edu
Created	10/2/2013 11:19:05 AM
Updated	1/15/2015 2:00:53 PM
Description	Request that course number be changed to MEM3500

Actions

Step	Status	Group	User	Comment	Updated
Department	Approved	CLAS - Medieval & Early Modern Studies 011680000	Hasty, Willard R		10/2/2013
College	Comment	CLAS - College of Liberal Arts and Sciences	Pharies, David A	Credit Hour changes require submission of a syllabus. The syllabus should be illustrative of the reasons for requesting the change in credit hours.	10/24/2013
College	Comment	CLAS - College of Liberal Arts and Sciences	Pharies, David A	The syllabus will not pass muster. I suggest that you copy the complete syllabus example on the CCC webpage (http://www.clas.ufl.edu/curriculum/courses) and insert your content.	2/13/2014
College	Comment	CLAS - College of Liberal Arts and Sciences	Pharies, David A	Absences/make-ups are still not acceptable. It must be clear that any work missed because of an excused absence can be made up.	3/12/2014
College	Approved	CLAS - College of Liberal Arts and Sciences	Pharies, David A		1/15/2015
University Curriculum Committee	Pending	PV - University Curriculum Committee (UCC)			1/15/2015
SCNS Approval					
Student Academic Support System Implementation					

UCC2: Course Change Transmittal Form

Department Name and Number _____	
Current SCNS Course Identification Prefix ___ ___ ___ Level ___ Course Number ___ ___ ___ Lab Code ___ Course Title _____	
Effective Term and Year _____	Terminate Current Course <input type="checkbox"/> Other Changes (specify below) <input type="checkbox"/>

Change Course Identification to: Prefix ___ ___ ___ Level ___ Course Number ___ ___ ___ Lab Code ___ Full Course Title _____ Transcript Title (please limit to 21 characters) _____	
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Credit Hours: From ___ To ___	Contact Hours: <input type="checkbox"/> Base or <input type="checkbox"/> Headcount From ___ To ___
Rotating Topic: From <input type="checkbox"/> yes <input type="checkbox"/> no To <input type="checkbox"/> yes <input type="checkbox"/> no	S/U Only: From <input type="checkbox"/> yes <input type="checkbox"/> no To <input type="checkbox"/> yes <input type="checkbox"/> no
Variable Credit: From <input type="checkbox"/> yes <input type="checkbox"/> no To <input type="checkbox"/> yes <input type="checkbox"/> no If yes, ___ minimum and ___ maximum credits/semester	Repeatable Credit: From <input type="checkbox"/> yes <input type="checkbox"/> no To <input type="checkbox"/> yes <input type="checkbox"/> no If yes, _____ total repeatable credit allowed

Prerequisites	Co-requisites
From _____ To _____	From _____ To _____

Course Description (50 words or less; if requesting a change, please attach a syllabus)	
From _____	To _____

Rationale /Place in Curriculum/Impact on Program
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Department Contact	Name _____	Phone _____	Email _____
College Contact	Name _____	Phone _____	Email _____