



UGPC APPROVAL _____
 UFS APPROVAL _____
 SCNS SUBMITTAL _____
 CONFIRMED _____
 BANNER POSTED _____
 ONLINE _____
 MISC _____

Graduate Programs—COURSE CHANGE REQUEST

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| DEPARTMENT NAME: NURSING | COLLEGE OF: NURSING |
| COURSE PREFIX & NUMBER: NGR 6250 | CURRENT COURSE TITLE: ADVANCED NURSING SITUATIONS: HEALTH ASSESSMENT WITH OLDER ADULTS |

CHANGE(S) REQUESTED

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| <p>SHOW "X" IN FRONT OF OPTION</p> <p>CHANGE CREDITS FROM _____ TO: _____</p> <p>CHANGE GRADING FROM _____ TO: _____</p> <p>CHANGE PREREQUISITES TO: _____</p> <p>CHANGE MINIMUM GRADE TO: _____</p> <p>CHANGE COREQUISITES TO: _____</p> <p>CHANGE OTHER REGISTRATION CONTROLS TO: _____</p> <p>OTHER _____</p> | <p>SHOW "X" IN FRONT OF OPTION</p> <p>CHANGE PREFIX FROM _____ TO: _____</p> <p>CHANGE COURSE NO. FROM _____ TO: _____</p> <p>CHANGE TITLE TO: _____</p> <p>CHANGE DESCRIPTION TO: _____</p> |
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TERMINATE COURSE, EFFECTIVE (GIVE LAST TERM COURSE IS TO BE ACTIVE): FALL 2009

Faculty Contact, Email, Complete Phone Number:
 Susan K. Chase, schase@fau.edu, 73389

SIGNATURES

SUPPORTING MATERIALS

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| <p>Approved by:</p> <p>Department Chair: _____</p> <p>College Curriculum Chair: _____</p> <p>College Dean: _____</p> <p>UGPC Chair: _____</p> <p>Dean of the Graduate College: _____</p> | <p>Date:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Syllabus—must include all criteria as detailed in UGPC Guidelines.</p> <p>Go to: http://graduate.fau.edu/gpc/ to access Guidelines and to download this form.</p> <p>Written Consent—required from all departments affected.</p> |
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Graduate Programs—COURSE CHANGE REQUEST

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| DEPARTMENT NAME: NURSING | COLLEGE OF: NURSING |
| COURSE PREFIX & NUMBER: NGR 6250L | CURRENT COURSE TITLE: ADVANCED NURSING SITUATIONS IN PRACTICE: HEALTH ASSESSMENT WITH OLDER ADULTS |

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Graduate Programs—COURSE CHANGE REQUEST

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| DEPARTMENT NAME: NURSING | COLLEGE OF: NURSING |
| COURSE PREFIX & NUMBER: NGR 6253 | CURRENT COURSE TITLE: ADVANCED NURSING SITUATIONS: OLDER ADULTS IN PRIMARY CARE |

CHANGE(S) REQUESTED

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Graduate Programs—COURSE CHANGE REQUEST

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| DEPARTMENT NAME: NURSING | COLLEGE OF: NURSING |
| COURSE PREFIX & NUMBER: NGR 6253L | CURRENT COURSE TITLE: ADVANCED NURSING SITUATIONS IN PRACTICE: OLDER ADULTS IN PRIMARY CARE |

CHANGE(S) REQUESTED

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| DEPARTMENT NAME: NURSING | COLLEGE OF: NURSING |
| COURSE PREFIX & NUMBER: NGR 6255 | CURRENT COURSE TITLE: ADVANCED PATHOPHYSIOLOGY: GERO |

CHANGE(S) REQUESTED

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| DEPARTMENT NAME: NURSING | COLLEGE OF: NURSING |
| COURSE PREFIX & NUMBER: NGR 6258 | CURRENT COURSE TITLE: ADVANCED NURSING SITUATIONS: OLDER ADULTS IN ACUTE/SUBACUTE CARE |

CHANGE(S) REQUESTED

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Graduate Programs—COURSE CHANGE REQUEST

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Graduate Programs—COURSE CHANGE REQUEST

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| DEPARTMENT NAME: NURSING | COLLEGE OF: NURSING |
| COURSE PREFIX & NUMBER: NGR 6259 | CURRENT COURSE TITLE: ADVANCED NURSING SITUATIONS: OLDER ADULTS IN LONG-TERM CARE |

CHANGE(S) REQUESTED

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| DEPARTMENT NAME: NURSING | COLLEGE OF: NURSING |
| COURSE PREFIX & NUMBER: NGR 6287(6192) | CURRENT COURSE TITLE: ADVANCED PHARMACOTHERAPEUTICS: GERO |

CHANGE(S) REQUESTED

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| Will the requested change(s) cause this course to overlap any other FAU course(s)? If yes, please list course(s). YES _____ NO _____ | Any other departments and/or colleges that might be affected by the change(s) must be consulted. List entities that have been consulted and attach written comments from each. |
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TERMINATE COURSE, EFFECTIVE (GIVE LAST TERM COURSE IS TO BE ACTIVE): FALL 2009

Faculty Contact, Email, Complete Phone Number:
 Susan K. Chase, schase@fau.edu, 73389

SIGNATURES

SUPPORTING MATERIALS

| | | |
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| <p>Approved by:</p> <p>Department Chair: _____</p> <p>College Curriculum Chair: _____</p> <p>College Dean: _____</p> <p>UGPC Chair: _____</p> <p>Dean of the Graduate College: _____</p> | <p>Date:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Syllabus—must include all criteria as detailed in UGPC Guidelines.</p> <p>Go to: http://graduate.fau.edu/gpc/ to access Guidelines and to download this form.</p> <p>Written Consent—required from all departments affected.</p> |
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Email this form and syllabus to sfulks@fau.edu and eqirjo@fau.edu one week **before** the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website by committee members prior to the meeting.