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  DEPARTMENT: COE

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_15/20_16_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  0  0  Prefix  Number

☐ Add  ☐ Remove  ☐ Prerequisite  ☐ Corequisite  Prefix  Number

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

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

EGN1100 is currently a pre-req for EGN2100. We are modifying this requirement so that EGN1100 is now a prereq OR a coreq for EGN2100. The desired result is that students are permitted to take EGN1100 before EGN2100 OR they can take EGN1100 & EGN2100 simultaneously.

☐ 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 be 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 form to Chair, Graduate Council, or Chair, Undergraduate Curriculum Committee for signatures below and forward to the Catalog & Curriculum Manager.

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 ____________________  SCADTTL ____________________  SCAPREQ ____________________

SCBARSE ____________________  SCARRES ____________________  Operator Initials ____________________  Date ________

DISTRIBUTION

Original – Catalog & Curriculum Manager
Copy – Academic Unit

Florida Institute of Technology • Office of the Registrar

150 West University Boulevard, Melbourne, FL 32901-6975 • (321) 674-8114 • Fax (321) 674-7827

RGR.22-1114