

Cover Sheet: Request 6800

CJE 4110

Info

Process	Undergraduate Courses
Status	Pending
Submitter	Mcintosh, Sheryl L smcint@ufl.edu
Created	3/28/2012 8:14:23 AM
Updated	2/26/2015 10:45:56 AM
Description	Terminate Current Course

Actions

Step	Status	Group	User	Comment	Updated
Department	Approved	CLAS - Criminology and Law 011652000	Zsembik, Barbara Ann		11/4/2014
College	Recycled	CLAS - College of Liberal Arts and Sciences	Pharies, David A	The CCC asks that a brief justification for the termination of this course be included under "rationale" on the UCC2 form.	11/25/2014
Department	Comment	CLAS - Criminology and Law 011652000	Zsembik, Barbara Ann	Rationale: The course was revised into a 3000-level course, CJE 3114 so we no longer need the 4000-level class.	12/1/2014
Department	Approved	CLAS - Criminology and Law 011652000	Zsembik, Barbara Ann		2/11/2015
College	Approved	CLAS - College of Liberal Arts and Sciences	Pharies, David A		2/26/2015
University Curriculum Committee	Pending	PV - University Curriculum Committee (UCC)			2/26/2015
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) _____	
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	Repeatable 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	If yes, ____ total repeatable credit allowed

Prerequisites	Co-requisites
From	From
To	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