UCC2: Course Change Transmittal Form

Department Name and Number: Industrial and Systems Engineering 011906000

Current SCNS Course Identification

Prefix: E  I  N  Level:  3  Course Number:  1  0  1  Lab Code: Combined (C)
Course Title: Introduction to Industrial and Systems Engineering

Effective Term and Year: Spring 2012  Terminate Current Course:  Other Changes (specify below): □

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:  □ Base or  □ Headcourt  From:  To:

Rotating Topic:  From:  □ yes  □ no  To:  □ yes  □ no  S/U Only:  From:  □ yes  □ no  To:  □ yes  □ no

Variable Credit:  From:  □ yes  □ no  To:  □ yes  □ no
If yes,  minimum and  maximum credits/semester

Repeatable Credit:  From:  □ yes  □ no  To:  □ yes  □ no
If yes,  total repeatable credit allowed

Prerequisites
From:  Should remain as is  To:

Co-requisites
From:  None  To:  ENC3254

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

Rationale/Place in Curriculum/Impact on Program
Current prerequisite checker is out-of-date.

Department Contact
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