UCC2: Course Change Transmittal Form

Department Name and Number: Industrial and Systems Engineering 011906000

Current SCNS Course Identification
Prefix  E  I  N  Level  4  Course Number  9  1  2  Lab Code  
Course Title: Integrated Product and Process Design

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 □  Headcount  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  Repeatable Credit: From  □  yes  □  no  To  □  yes  □  no
If yes, minimum and maximum credits/semester  If yes, total repeatable credit allowed

Prerequisites
From EIN4354 w/ grade C
To EIN4354 w/ grade C, EIN4365 w/ grade C

Co-requisites
From none
To ESI4221C

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Current prerequisite checker is out-of-date.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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