**UCC2: Course Change Transmittal Form**

**Department Name and Number:** Industrial and Systems Engineering 011906000

**Current SCNS Course Identification**

- **Prefix:** E  
- **S 1**  
- **Level:** 4  
- **Course Title:** Industrial Quality Control  
- **Course Number:** 2 2 1  
- **Lab Code:** Combined (C)

**Effective Term and Year:** Spring 2012  
**Terminate Current Course:** No  
**Other Changes (specify below):** Yes

**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 To yes

**Variable Credit:** From yes To yes

**S/U Only:** From yes To yes

**Repeatable Credit:** From yes To yes

- **If yes, _____ minimum and _____ maximum credits/semester**

**Prerequisites**

From: Should remain as is

To:

**Co-requisites**

From: None

To: STA4322

**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Current prerequisite checker is out-of-date.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**

- **Name:** Cynthia Blunt
- **Phone:** 2-1464 x 2026
- **Email:** blunt@ise.ufl.edu

**College Contact**

- **Name:** Deborah Lupi
- **Phone:** 2-0943
- **Email:** dlupi@eng.ufl.edu

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