**UCC2: Course Change Transmittal Form**

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

**Current SCNS Course Identification**

Prefix  E  S  I  Level  4  Course Number  5  2  3  Lab Code __
Course Title Industrial Systems Simulation

**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 CGS2425 w/ grade C and STA4321 w/ grade C
To COP2271 w/ grade C and STA4321 w/ grade C

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Current prerequisite checker is out-of-date.

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Rev. 10/10