FLORIDA ATLANTIC UNIVERSITY

COURSE CHANGE REQUEST
Undergraduate Programs

Department Management Programs

College Business

UUPC Approval 3-30-26
UFS Approval _____
SCNS Submittal _____
Confirmed _____
Banner Posted _____
Catalog _____

***Current* Course Prefix and Number**	HSA 4915	***Current* Course Title**	Directed Independent Research in Health Administration

*Syllabus must be attached for **ANY** changes to current course details. See Template. Please consult and list departments that may be affected by the changes; attach documentation.*

Change title to:

Change prefix

From: **To:**

Change course number

From: **To:**

Change credits*

From: 1-3 **To:** 1-6

Change grading

From: **To:**

Change WAC/Gordon Rule status**

Add ☐ **Remove** ☐

Change General Education Requirements***

Add ☐ **Remove** ☐

*See Definition of a Credit Hour.

**WAC/Gordon Rule criteria must be indicated in syllabus and approval attached to this form. See WAC Guidelines.

***GE criteria must be indicated in syllabus and approval attached to this form. See Intellectual Foundations Guidelines.

Change description to:

Change prerequisites/minimum grades to:

Change corequisites to:

Change registration controls to:

Please list existing and new pre/corequisites, specify AND or OR and include minimum passing grade (default is D-).

Effective Term/Year for Changes:	Spring 2027	**Terminate course? Effective Term/Year for Termination:**	

Faculty Contact/Email/Phone Neeraj Puro/npuro@fau.edu/73198

Approved by		***Date***
Department Chair	Esther Williams	3/12/26
College Curriculum Chair	Julia Higgs	3/26/2026
College Dean	[signature]	3/26/2026
UUPC Chair	Korey Sorge	3-30-26
Undergraduate Studies Dean	Dan Meeroff	3-30-26
UFS President		
Provost		

Email this form and syllabus to mjenning@fau.edu seven business days before the UUPC meeting.