

Return completed form to:
 UNF Faculty Association
 Honors Hall, Bldg 10/Rm 1120
 Phone: (904) 620-2872
 Fax: (904) 620-3884
 E-mail: facassn1@unf.edu

UNF COURSE TERMINATION OR CHANGE
 TRANSMITTAL FORM

Use the tab key or mouse to navigate the form.

APC 2
 Log # _____

CONTACT INFORMATION (SECTION A)		
1. Institution Name University of North Florida	2. Institution Code 009841	3. CIP
4. Name of Instructional Unit or Department	5. Unit or Department Number	6. Discipline (SMA)
Faculty Contact:		
7. Name –	8. Telephone –	9. E-mail -

REQUESTED ACTION & CURRENT COURSE IDENTIFIERS (SECTION B)				
1. Subject Prefix	2. Course level	3. Number	4. Lab code	
5. Title:				
6. Requested Action: Change Terminate			7. Preferred Effective Term (yyyymm):	
8. Summarize and Justify the Requested Action to this course:				

COURSE INFORMATION - ONLY COMPLETE FIELDS TO BE CHANGED! (SECTION C)				
Note: Obtain a copy of detailed course information currently on file with the Records office prior to completing this section. You will need to provide this to the committee during the review process.				
1. Subject Prefix	2. Course level	3. Number (optional)	4. Lab code	5. a. Lab fee
6. For fixed credits, enter #: For variable credits, enter: Min: to Max:		7. If repeatable for credit, enter: Max # times: for Max # credits:		8. Redistribute lecture/lab credits - Lecture: Lab:
9. Title:			10. Abbrev. Title:	
11. Program/Course Attributes (select add/remove next to all that apply, see instructions for required signatures):				
a. Communications – GE b. Mathematics – GE c. Social Sciences – GE d. Humanities – GE e. Natural Sciences - GE f. Honors		g. Cultural Diversity h. Foreign Language requirement i. Foreign Culture j. Gordon Writing: k. Gordon Math l. Other:		

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COURSE OUTLINE CHANGES - ONLY COMPLETE FIELDS TO BE CHANGED! (SECTION D)

1. Prerequisites (course no. & abbreviated title):

2. Co-requisites (course no. & abbreviated title):

3. Course Description (up to 840 characters and must be in complete sentences):

4. Course objectives/Learning outcomes:

5. Methods of Evaluation:

6. Proposed textbooks/journals:

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COURSE IMPACT (SECTION E)

1. Do changes to this course affect or overlap other existing courses at UNF?

If yes, list course numbers and abbreviated titles:

[Please provide correspondence from other affected units indicating their support or opposition to these changes.
Deans of affected units must sign this APC form.]

2. Do changes to or termination of this course affect any program of study (in your unit or other units)?

If yes, affected programs include: [Submit APC 3 forms to illustrate program changes.]

[Please provide correspondence from other affected units indicating their support or opposition to these changes.
Deans of affected units must sign this APC form.]

REQUIRED SIGNATURES

Chairperson of Dept.
Curriculum Committee _____ Ext. _____ Date _____

Chairperson of
Academic Unit _____ Ext. _____ Date _____

Chairperson of College
Curriculum Committee _____ Ext. _____ Date _____

Dean of College
Offering Course _____ Ext. _____ Date _____

Other Deans or Chairs, as appropriate:

Dean/Chair _____ College/
Committee _____ Date _____

Dean/Chair _____ College/
Committee _____ Date _____

Dean/Chair _____ College/
Committee _____ Date _____

Dean/Chair _____ College/
Committee _____ Date _____