


PART 1: TO BE COMPLETED BY THE INSTITUTION

Institution Name: University of Florida	Institutional Code: 001535	Instructional Unit or Department Name, Department Code: Finance, Insurance & Real Estate; 1706000		
Recommended SCNS Course Identification:				
Discipline (SMA) 139	Prefix ENT	Level 4	Course Number 930	Lab Code _____
Institution's Course Title: Special Topics				
Effective Term and year course will first be offered: Spring 2010				
Amount of Credit: VAR	Contact hour base VAR or Headcount _____		If Repeatable Credit or Variable Credit: 8 total repeatable credit allowed 1 minimum / 4 maximum credit within a semester	
Course Description (attach a course syllabus): Special topics in Entrepreneurship related fields of study.			Mark all that apply: Rotating Topic <input checked="" type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Repeatable for Credit <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
Prerequisites: (This form does not update ISIS or registration prerequisite checking.) None				
Corequisites:				
All faculty teaching this course have completed at least 18 graduate semester hours in the teaching discipline and hold at least a master's degree. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Degree Type (Mark all that apply): <input type="checkbox"/> Associate of Arts <input checked="" type="checkbox"/> Baccalaureate <input type="checkbox"/> Graduate Study <input type="checkbox"/> Other (specify):				
Category of Instruction: <input checked="" type="checkbox"/> Introductory <input checked="" type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Advanced				
Department Contact, Telephone Number, Email Address and PO Box:				
David H. Boneparth, 3-0337, PO 117168		dbonepar@ufl.edu		 (Date) 10/1/09
College Contact, Telephone Number, Email Address and PO Box: (Date)				
Sharon Haughton, 2-8436x1225, PO 117150		sharon.haughton@cba.u		

PART 2: TO BE COMPLETED BY THE FACULTY DISCIPLINE COMMITTEE REPRESENTATIVE

Approved Course Classification (Prefix, Number, Lab Code):

If not the same as recommended by institution, please explain:

SCNS Course Title (if new): _____	
Decade Title (if new): _____	
Century Title (if new): _____	
Signature, Faculty Discipline Committee Representative: _____	Date: _____