

**PART 1: TO BE COMPLETED BY THE INSTITUTION**

Institution: <b>University of Florida</b>	Institutional Code: <b>001535</b>	Instructional Unit or Department Name, Department Code:
Current SCNS Course Identification:		
Discipline (SMA) _____	Prefix _____	Level _____
		Course Number _____
Institution's Course Title: _____		
Lab Code _____		

**PART 2: REQUESTED ACTIONS**

Terminate Current Course	<input type="checkbox"/> Yes	Date Termination Effective: _____
NEW SCNS Course Identification: (Complete all appropriate areas)		
NEW Discipline (SMA) _____	Prefix _____	Level _____
		Course Number _____
NEW Institution Course Title (if applicable): _____		
EFFECTIVE TERM AND YEAR FOR CHANGES: _____		

Other Items to Change	Change From	Change To
Amount of Credit		
Contact Hour Base or Head Count		
Prerequisites/Corequisites (This form does not update ISIS or registration prerequisite checking.)		
Change of Course Description (Course syllabus must be attached):		Mark any changes that apply: Rotating Topic <input type="checkbox"/> yes <input type="checkbox"/> no S/U Only <input type="checkbox"/> yes <input type="checkbox"/> no Repeatable for Credit <input type="checkbox"/> yes <input type="checkbox"/> no

Department Contact, Telephone Number, Email Address and PO Box:	(Date)
College Contact, Telephone Number, Email Address and PO Box:	(Date)

**PART 3: 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

## **COURSE TERMINATION OR CHANGE TRANSMITTAL FORM ♦ INSTRUCTIONS FOR COMPLETION OF PARTS 1 & 2**

The Course Termination or Change Transmittal form is used for transmitting the following course information to the Statewide Course Numbering System (SCNS):

1. Prefixes and numbers of courses which will no longer be offered by the institution.
2. Additional course information to be recorded in the SCNS inventory.
3. Supporting documentation for review by the Faculty Discipline Coordinator for possible reassignment of prefix and course number.

**[NOTE: Major revisions in course content will require a new course number assignment. Please terminate the current course and add the new course.]**

All information requested on this form is necessary for the efficient and timely maintenance of the SCNS inventory. Thus, all items on Part I must be completed before it is forwarded to the Florida Department of Education (DOE). An updated course syllabus must be attached in cases where course content has changed or a new prefix or number is requested.

### **Part 1**

**The following instructions and definitions are provided to clarify items to be completed on the Course Termination or Change Transmittal form.**

**Instructional Unit or Department Name/Department Code:** Academic unit and code number of department responsible for teaching the course. Use the complete name, not abbreviations or acronyms.

#### **Current SCNS Course Identification:**

**Discipline (SMA):** A three-digit code representing a broad Subject Matter Area. This code can be obtained from the SCNS handbook.

**Prefix:** A three-letter code indicating placement of a course within the discipline.

**Level:** A one-digit code preceding the course number which indicates the level (e.g., freshman, sophomore, etc.) at which the course is to be taught. This number is to be recommended by the institution according to state and institutional policy.

**Course Number:** A three-digit code indicating the specific content of the course based on the SCNS taxonomy and course equivalency profiles.

**Lab Code:** This code is left blank if the course is a lecture course (has no laboratory component). The letter "C" may be used to indicate a combination of lecture and laboratory. An "L" indicates a laboratory course for which there may or may not be an associated lecture course. The "L" may also be used for a course which is laboratory only.

**Contact Hours:** "Base" contact hours are determined by dividing the total number of classroom meeting hours per semester by the number of weeks in the semester. For example:

$$\frac{8 \text{ (hours class meets per week)} \times 4 \text{ (number of weeks class meets)}}{16 \text{ (number of weeks in semester)}} = \frac{32}{16} = 2 \text{ Base Contact Hours}$$

"Headcount" contact hours are determined by dividing the average number of hours the instructor meets with one student during the semester by 3 times the number of weeks in the semester. For example,

$$\frac{1 \text{ (average number hours per student)} \times 16 \text{ (number weeks in semester)}}{3 \times 16 \text{ (number of weeks in semester)}} = \frac{16}{48} = .33 \text{ Headcount Contact Hours}$$

**Institution's Course Title:** The title of the course as it currently appears in the catalog.

### **Part 2 Requested Actions**

**Terminate Current Course, Effective Date:** Check the "yes" box if the course is to be terminated and enter the effective term and year after which the course will no longer be offered.

**Course Change Information:** If changes are to be made in a course's identification, list changes only. All changes may affect the course prefix and number. All changes are subject to approval of the appropriate Faculty Discipline Coordinator based on the SCNS taxonomy and classification system.

**Change of Course Description:** Provide a brief narrative description of the content of the course as it will appear in the catalog. A course syllabus including a course outline of major topics must be attached for changes to courses and changes to course content.

**Effective Term:** Provide term and year in which the change or termination will be first effective.

**Prerequisites/Corequisites:** Indicate prefix and number or content of courses and other requirements that must be satisfied prior to enrollment in this course or concurrently with this course.

**Change Course Title:** Provide the title of the course as it will appear in the catalog.

**Mark any changes to status:** Mark 'yes' or 'no' if changing a course to/from Rotating Topic, S/U Grading Only or Repeatable for credit.

**Department Contact:** Name, phone and PO Box number.

**College Contact and Telephone Number:** Name, phone and PO Box number.

#### **Approvals:**

Submit completed form using the online tracking system to [approval.ufl.edu](http://approval.ufl.edu). Appropriate approvals and notifications will be made through the online tracking system. Signature and date indicating approval of the college-level curriculum committee or, if no such committee exists, approval of the college.

#### **Department Chair**

**College Dean:** Approval of the college-level curriculum committee or, if none exists, approval of the college.

**Graduate Dean:** All graduate level courses must be approved by the Graduate Curriculum Committee.

#### **Do Not Complete Part II.**

**Should you have questions concerning the completion of this form, call the Office of the University Registrar at 392-1374, ext. 7237. Call the Graduate School at 352-392-1282 for questions concerning graduate courses. Questions concerning operation of the online system should be emailed to [approval@ufl.edu](mailto:approval@ufl.edu).**