UF UNIVERSITY of FLORIDA

UCC1: New Course Transmittal Form

Department Name and Number

Recommended SCNS Course Identification

Prefix ____ ____ ____ Level ____ Course Number ____ ____ ____ Lab Code ____

Full Course Title ______________________________

Transcript Title (please limit to 21 characters) ______________________________

Effective Term and Year	Rotating Topic ☐ yes ☐ no

Amount of Credit ____	Contact Hour: Base ____ or Headcount ____	S/U Only ☐ yes ☐ no

Repeatable Credit ☐ yes ☐ no If yes, ____ total repeatable credit allowed

Variable Credit ☐ yes ☐ no If yes, ____ minimum and ____ maximum credits per semester

Course Description (50 words or less)

Prerequisites	Co-requisites

Degree Type (mark all that apply) ☐ Baccalaureate ☐ Graduate ☐ Professional ☐ Other ____________

Category of Instruction ☐ Introductory ☐ Intermediate ☐ Advanced

Rationale and place in curriculum

Department Contact	Name	
	Phone	Email
College Contact	Name	
	Phone	Email