

**FLORIDA INTERNATIONAL UNIVERSITY
UNIVERSITY CURRICULUM COMMITTEE**
Course Change/Deletion Request

DO NOT TYPE IN THIS BOX

Bulletin # : _____
Academic Year : _____

INSTRUCTIONS: Fill out Part I completely. In Part II, fill out the items which have changed and explain reason for change.

I. 1a. SCHOOL/COLLEGE _____ ECE _____ DIV./DEPT. IN WHICH TAUGHT _____ SCIS _____

b. DIV./DEPT. NO. _____ SCIS _____ DEPT. ACCOUNT NO. _____ 202200101
(9 digits)

2a. Present Course Title Advanced Windows Programming

b. COP _____ 4 _____ 226 _____ 4 _____
Alpha Prefix 1st Digit last 3 Digits "C"-lec-lab "L"-Lab Cr. Hrs. HEGIS No. (6 digits) CIP Code (Leave this blank)

3. Deletion Request? Yes _____ Effective Date _____ / _____ / 20 _____

a. Reason for Deletion: _____

b. Skip Change Information Section (Part II)

No x Fill out Part II.

II. CHANGE INFORMATION ONLY

4a. New Title: _____ Change Effective _____ / _____ / 20 _____

b. Abbreviated course Title (for computer class schedules, transcripts) _____
25 Characters (including spaces)

5a. _____
New Alpha Prefix 1st Digit last 3 Digits "C"-lec-lab "L"-Lab Credit Hours: From _____ To _____

6. Catalog Description (not to exceed 200 characters including spaces)
Document and Dialog Based Apps, Message Passing, Printing, Drawing, GUI Design, Common Controls, Multithreaded Programming, Serialization, Database Connectivity, Runtime Libraries, Memory Management.

7. New Prerequisite(s): COP3530 New Corequisite(s): _____

8. Explain Reclassification Request: The environment for the course has changed. The new description is consistent with the new environment. In the new environment, students will be prepared with COP3530 instead of with the more advanced course that followed it.

CHANGE REQUESTED BY:

Faculty Contact _____ Tim Downey _____ 3 / 25 / 20 09
(Type name) (Signature)

_____ downeyt@cs.fiu.edu _____ 305-348-3329
(Email address) (Phone number)

Chairperson (Dept./Div.) _____ Masoud Milani _____ / _____ / 20 09
(Type name) (Signature)

Chairperson (Curr. Comm.) _____ Gene Farmer _____ / _____ / 20 09
(Type name) (Signature)

College/School Dean _____ Amir Mirmiran _____ / _____ / 20 09
(Type name) (Signature)

APPROVED BY:

University Curriculum Committee _____ / _____ / 20 09

Faculty Senate Chairperson _____ / _____ / 20 09

Academic Affairs V.P. _____ / _____ / 20 09

Submit one original copy of this form. Attach one hard copy and one electronic copy of the course syllabus containing: Objectives, Learning Outcomes, Major Topics and Textbooks.