



FLORIDA INTERNATIONAL UNIVERSITY
UNIVERSITY CURRICULUM COMMITTEE

Proposal for a New Course

DO NOT TYPE IN THIS BOX

Bulletin # : _____

Academic Year : _____

1. School/College _____

Div./Dept. in Which Taught _____

2. _____ 100 _____ CIP Code (Leave this blank): _____
Alpha Prefix 1st Digit Last 3 Digits "C"-lec-lab "L"-Lab Cr. Hrs.

3. Grading Method (select one): Graded Pass/Fail

4a. Course Title _____

b. Abbreviated course Title (for computer class schedules, transcripts) _____

LIMITED TO 25 Characters (including spaces)

5. Statewide Course Numbering Subject Matter Area _____

6. Catalog Description/Major Topics (not to exceed 200 characters including spaces)

College of Medicine and College of Law: Attach description not exceeding 1,000 characters including spaces.

[Empty box for Catalog Description/Major Topics]

7. Attach detailed syllabus course outline and course justification on separate page(s).

8. Prerequisite(s): _____

9. Corequisite(s): _____

10. Objective(s) of Course:

[Empty box for Objective(s) of Course]

11. Does this course duplicate/overlap other courses at FIU? No Yes

If yes, please explain: _____

12. What other closely related department(s) have been consulted about this course?

13. Is this course used for the assessment of a program or a certificate? Yes No If yes, then send a notification to assessment@fiu.edu prior to submitting this form.

PROPOSAL REQUESTED BY:

Faculty Contact _____ / _____ / 20 _____
(Type name) (Signature)

(Email address) (Phone number)

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

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

College/School Dean _____ / _____ / 20 _____
(Type name) (Signature)

Submit one original form. Attach one copy of the course syllabus containing: course description, objectives, learning outcomes, major topics and textbooks.