



**FLORIDA INTERNATIONAL UNIVERSITY  
UNIVERSITY CURRICULUM COMMITTEE**  
*Proposal for a Course Change*

<b>DO NOT TYPE IN THIS BOX</b>
Bulletin #: _____
Academic Year: _____

**PART I. FILL OUT THIS SECTION COMPLETELY**

1. School/College \_\_\_\_\_  
Div./Dept. in Which Taught \_\_\_\_\_

2. \_\_\_\_\_  
Alpha Prefix      1st Digit      Last 3 Digits      "C"-lec-lab "L"-Lab      Cr. Hrs.

3. Present Course Title \_\_\_\_\_

**PART II. FILL OUT CHANGE INFORMATION ONLY**

Change Effective \_\_\_\_ / \_\_\_\_ / 20\_\_

4a. New Course Title \_\_\_\_\_

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

5a. \_\_\_\_\_  
New Alpha Prefix      New 1st Digit      New Last 3 Digits      Change "C"-lec-lab "L"-Lab

5b. Change Credit Hours: From \_\_\_\_ To \_\_\_\_

6. **New 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.*

7. New Prerequisite(s): \_\_\_\_\_

8. New Corequisite(s): \_\_\_\_\_

9. **Explain Reclassification Request:**

10. Does this proposed change impact the assessment process of a program or certificate? If yes, then send notification to [assessment@fiu.edu](mailto:assessment@fiu.edu).

**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 justification and course syllabus: course description, objectives, learning outcomes, major topics and textbooks.**