



DO NOT TYPE IN THIS BOX
 Bulletin #: _____
 Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY UNDERGRADUATE PROGRAM PROPOSAL

Changes to an Undergraduate Degree Program

INSTRUCTIONS: Please Type. Fill out this form completely.

School/College Engineering and Computing

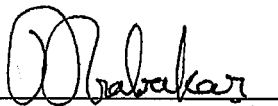
Div./Dept. School of Computing and Information Sciences

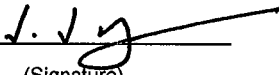
Degree Title: All undergraduate degree programs in FIU-SCIS

B.A. B.S. Other Bachelor's _____

Proposed Implementation Date: 8/26/2019

PROPOSAL REQUESTED BY:

Faculty Contact Nagarajan Prabakar  11 / 28 / 20 18
(Type Name) (Signature)
prabakar@cis.fiu.edu 305-348-2033
(Email address) (Phone Number)

Chair (Dept./Div.) S.S. Iyengar  11 / 18 / 20 18
(Type Name) (Signature)

Chair (Curr. Comm.) _____ / / 20 18
(Type Name) (Signature)

College/School Dean John Volakis _____ / / 20 18
(Type Name) (Signature)

NO HEARING REQUIRED. PLEASE SUBMIT ORIGINAL FORM.

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Academic Year: _____

CHANGES TO UNDERGRADUATE DEGREE PROGRAM

PLEASE SUBMIT THIS FORM WITH YOUR PROPOSAL

Please fill out the coversheet in its entirety.

The proposal must include the following elements using the current undergraduate catalog:

- I. List old Degree prescribed courses, other requirements, credits and page number (left column)
- II. List new Degree prescribed courses, other requirements and credits (right column)
- III. Include a brief rationale for the change

CHECK LIST

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 1. Do all courses exist in the current catalog? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. If courses are not in the current catalog, are they proposed in the same Curriculum Committee Bulletin as this proposal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If courses are not in the current catalog or proposed in this same bulletin, were they approved in a previous curriculum bulletin? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, attach a separate sheet indicating each course number, name, Bulletin number and Bulletin date. | | |
| If the answers to 1, 2, and 3 are no, do not submit the proposal. Address the course issues first. | | |
| 4. Do courses listed have the correct course prefixes, official titles, course numbers and number of credits? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all courses to be added or changed taught in the same proposing departments? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Are courses to be deleted taught in the same proposing department? | <input type="checkbox"/> | <input type="checkbox"/> |
| If the answer to #5 or #6 is no, do you have the written approval/acknowledgment of the other department(s)? (You must have written approval before submitting this document.) | | |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The written approval(s)/acknowledgment(s) must be attached. | | |
| 8. Does this change affect the courses measuring Student Learning Outcomes (SLO) or Program Outcomes (PO) for the program (for a copy of the assessment reports, please send a request to assessment@fiu.edu)? | | |

If yes, please submit revised SLO and PO to assessment@fiu.edu.