



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

DO NOT TYPE IN THIS BOX

Bulletin # : _____

Academic Year : _____

1. School/College_ Engineering and Computing

Div./Dept. in Which Taught School of Computing and Information Sciences

2. CAP 2 C 3 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 Data Analytics for the Internet of Things

b. Abbreviated course Title (for computer class schedules, transcripts) Data Analytics for IoT

LIMITED TO 25 Characters (including spaces)

5. Statewide Course Numbering Subject Matter Area Computer Science & Computing Technologies

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.

Concepts/applications of Data Analytics for IoT. Data science, machine learning, and artificial intelligence at the edge. Inference, sensor fusion, bandwidth, transfer learning, and generative models.

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

8. Prerequisite(s): None

9. Corequisite(s): None

10. Objective(s) of Course:

The main objective of this course is to introduce students to the theory and practice of data analytics, data science, machine learning, and artificial intelligence as it applies to IoT devices.

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?


Department of Electrical and Computer Engineering

13. Is this course used for the assessment of a program or a certificate (if yes, then send a notification to assessment@fiu.edu)? No Yes

PROPOSAL REQUESTED BY:

Faculty Contact Miguel Alonso Jr  11 / 7 / 2018
 (Type name) (Signature)

malonsoj@cs.fiu.edu 305-348-4848
 (Email address) (Phone number)

Chairperson (Dept./Div.) S.S. Iyengar  11 / 28 / 20
 (Type name) (Signature)

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

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

Submit one original form. Attach one copy of the course justification and course syllabus, course description, objectives, major topics and textbooks.