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

FLORIDA INTERNATIONAL UNIVERSITY
UNIVERSITY CURRICULUM COMMITTEE
Proposal for a New Course

1. **School/College** Engineering and Computing

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

2. | IDC | 2 | | | 1 |
   |---|---|---|---|---|
   | **Alpha Prefix** | **1st Digit** | **Last 3 Digits** | **"C"-lec-lab "L"-Lab** | **Cr. Hrs.** |

   CIP Code ***(Leave this blank):*** _____

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

4a. **Course Title** Community Service Outreach and Mentoring

b. **Abbreviated course Title** ***(for computer class schedules, transcripts)*** Community Outreach Mentor

LIMITED TO 25 Characters *(including spaces)*

5. **Statewide Course Numbering Subject Matter Area** IDC (Interdisciplinary Computing)

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.

Provide students with the experience of attending an annual conference for underrepresented minorities in CS/IT, and the experience of doing a community outreach of mentoring K-12 students.

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:**

1. Attend Underrepresented Minorities Conference on CS/IT
2. Share Conference Content with Fellow Students via Presentations and Panel Discussions
3. Mentor Middle and High School Students

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 (if yes, then send a notification to assessment@fiu.edu)? No Yes**

PROPOSAL REQUESTED BY:

Faculty Contact Maria Charters — 3 / 21 / 20 19
(Type name) **(Signature)**
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(Email address) **(Phone number)**

Chairperson (Dept./Div.) S.S. Iyengar — 3 / 21 / 20 19
(Type name) **(Signature)**

Chairperson (Curr. Comm.) Cesar Levy — ____ / ____ / 20 19
(Type name) **(Signature)**

College/School Dean John Volakis — ____ / ____ / 20 19
(Type name) **(Signature)**

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