



**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**

- School/College Engineering and Computing  
Div./Dept. in Which Taught School of Computing and Information Sciences
- MAD     3     512     \_\_\_\_\_     3  
Alpha     1st     Last 3     "C"-lec-lab     Cr. Hrs.  
Prefix     Digit     Digits     "L"-Lab
- Present Course Title Theory of Algorithms

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

Change Effective 1 / 6 / 2020

- New Course Title \_\_\_\_\_
- New Abbreviated course Title (for computer class schedules, transcripts)   
LIMITED TO 25 Characters (including spaces)

- |   |                                      |  |   |  |
|---|--------------------------------------|--|---|--|
|   |                                      |  |   |  |
| <small>New<br/>Alpha<br/>Prefix</small> | <small>New<br/>1st<br/>Digit</small> | <small>New<br/>Last 3<br/>Digits</small> | <small>Change<br/>"C"-lec-lab<br/>"L"-Lab</small> | 5b. Change Credit Hours: From _____ To _____ |

- 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.*

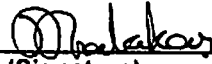
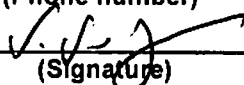
- New Prerequisite(s): COP 3530
- New Corequisite(s): None

- Explain Reclassification Request:  

Since the current required course COT-3420 is moved into an elective list and COP-3530 provides adv Prog skills the current "Prereq: MAD-2104 and COT-3420" needs to be replaced with "Prereq: COP-3530"

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 <u>Nagarajan Prabakar</u>		<u>3</u> / <u>21</u> / 20 <u>19</u>
(Type name)	(Signature)	
<u>prabakar@cis.fiu.edu</u>	<u>305-348-2033</u>	
(Email address)	(Phone number)	
Chairperson (Dept./Div.) <u>S.S. Iyengar</u>		<u>3</u> / <u>21</u> / 20 <u>19</u>
(Type name)	(Signature)	
Chairperson (Curr. Comm.) <u>Cesar Levy</u>		____ / ____ / 20 <u>19</u>
(Type name)	(Signature)	
College/School Dean <u>John Volakis</u>		____ / ____ / 20 <u>19</u>
(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.**