



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

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

PART I. FILL OUT THIS SECTION COMPLETELY

- School/College _____
Div./Dept. in Which Taught _____
- | | | | | |
|--------------|-----------|---------------|------------------------|----------|
| _____ | _____ | _____ | _____ | _____ |
| Alpha Prefix | 1st Digit | Last 3 Digits | "C"-lec-lab
"L"-Lab | Cr. Hrs. |
- Present Course Title _____

PART II. FILL OUT CHANGE INFORMATION ONLY

Change Effective ____ / ____ / 20__

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

- | | | | | | | | | | |
|---|---------------|-------------------|-------------------------------|-------|------------------|---------------|-------------------|-------------------------------|---|
| <ol style="list-style-type: none"> <table border="0"> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>New Alpha Prefix</td> <td>New 1st Digit</td> <td>New Last 3 Digits</td> <td>Change "C"-lec-lab
"L"-Lab</td> </tr> </table> | _____ | _____ | _____ | _____ | New Alpha Prefix | New 1st Digit | New Last 3 Digits | Change "C"-lec-lab
"L"-Lab | 5b. Change Credit Hours: From ____ To ____ |
| _____ | _____ | _____ | _____ | | | | | | |
| New Alpha Prefix | New 1st Digit | New Last 3 Digits | Change "C"-lec-lab
"L"-Lab | | | | | | |

- 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): _____
- New Corequisite(s): _____
- 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.**

PROPOSAL REQUESTED BY:

Faculty Contact			____ / ____ / 20__
	<small>(Type name)</small>	<small>(Signature)</small>	
	<small>(Email address)</small>	<small>(Phone number)</small>	
Chairperson (Dept./Div.)			____ / ____ / 20__
	<small>(Type name)</small>	<small>(Signature)</small>	
Chairperson (Curr. Comm.)			____ / ____ / 20__
	<small>(Type name)</small>	<small>(Signature)</small>	
College/School Dean			____ / ____ / 20__
	<small>(Type name)</small>	<small>(Signature)</small>	

Submit one original form. Attach one copy of the Course Justification and Course Syllabus: Course Description, Objectives, Learning Outcomes, Major Topics and textbooks.