



**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

1. School/College _____
Div./Dept. in Which Taught _____

2. _____

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

3. Present Course Title _____

PART II. FILL OUT CHANGE INFORMATION ONLY

Change Effective ____ / ____ / 20 ____

4a. New Course Title _____

b. New Abbreviated course Title *(for computer class schedules, transcripts)*
LIMITED TO 25 Characters (including spaces)

| | | | | | |
|-----|------------------------|---------------------|-------------------------|----------------------------------|--------------------------------------------|
| 5a. | _____ | _____ | _____ | _____ | 5b. Change Credit Hours: From ____ To ____ |
| | New Alpha Prefix | New 1st Digit | New Last 3 Digits | Change "C"-lec-lab "L"-Lab | |

6. **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.

7. New Prerequisite(s): _____

8. New Corequisite(s): _____

9. **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 ____ |
| (Type name) | (Signature) |
| _____ | _____ |
| (Email address) | (Phone number) |

| | |
|---------------------------------|------------------------|
| Chairperson (Dept./Div.) _____ | _____ / ____ / 20 ____ |
| (Type name) | (Signature) |
| Chairperson (Curr. Comm.) _____ | _____ / ____ / 20 ____ |
| (Type name) | (Signature) |
| College/School Dean _____ | _____ / ____ / 20 ____ |
| (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.