



**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. _____
New Alpha Prefix New 1st Digit New Last 3 Digits Change "C"-lec-lab "L"-Lab

5b. Change Credit Hours: From ____ To ____

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.