



FLORIDA INTERNATIONAL UNIVERSITY  
UNIVERSITY CURRICULUM COMMITTEE

Proposal for a New Course

DO NOT TYPE IN THIS BOX

Bulletin # : \_\_\_\_\_

Academic Year : \_\_\_\_\_

1. School/College \_\_\_\_\_

Div./Dept. in Which Taught \_\_\_\_\_

2. \_\_\_\_\_ CIP Code (Leave this blank): \_\_\_\_\_  
Alpha Prefix    1st Digit    Last 3 Digits    "C"-lec-lab "L"-Lab    Cr. Hrs.

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

4a. Course Title \_\_\_\_\_

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

5. Statewide Course Numbering Subject Matter Area \_\_\_\_\_

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.

\_\_\_\_\_

7. Attach detailed syllabus course outline and course justification on separate page(s).

8. Prerequisite(s): \_\_\_\_\_

9. Corequisite(s): \_\_\_\_\_

10. Objective(s) of Course:

\_\_\_\_\_

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 \_\_\_\_\_ / \_\_\_\_\_ / 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, major topics and textbooks.