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

FLORIDA INTERNATIONAL UNIVERSITY
UNIVERSITY CURRICULUM COMMITTEE
Proposal for a Course Change

PART I. FILL OUT THIS SECTION COMPLETELY

1. **School/College** Engineering and Computing

   Div./Dept. in Which Taught School of Computing and Information Sciences

2. COP (Alpha Prefix) | 4 (1st Digit) | 722 (Last 3 Digits) | _____ ("C"-lec-lab "L"-Lab) | 3 (Cr. Hrs.)

3. **Present Course Title** Survey of Database Systems

PART II. FILL OUT CHANGE INFORMATION ONLY

Change Effective 1 / 11 / 20 21

4a. **New Course Title** Advanced Database Management

b. **New Abbreviated course Title** *(for computer class schedules, transcripts)* Advanced DB Management

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.

   Design & management of enterprise systems; query optimization, transaction processing; concurrency techniques; web queries; XML interchanges; data warehousing, datamining; OLAP; NOSQL and bigdata.

7. **New Prerequisite(s):** COP-4703 or COP-4710

8. **New Corequisite(s):** None

9. **Explain Reclassification Request:**

   The emergence of new topics in database field requires revision of course contents by replacing OODB, Multimedia and Spatial databases with transaction processing, web queries, NOSQL and bigdata.

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 Nagarajan Prabakar (Type name) (Signature) 3 / 16 / 20 20

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Chairperson (Dept./Div.) S.S. Iyengar (Type name) (Signature) 3 / 16 / 20 20

Chairperson (Curr. Comm.) Wei-Chiang Lin (Type name) (Signature) ____ / ____ / 20 20

College/School Dean John Volakis (Type name) (Signature) ____ / ____ / 20 20

Submit one original form. Attach one copy of the course justification and course syllabus: course description, objectives, learning outcomes, major topics and textbooks.