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 Scie

2. CGS | 1 | 920 | | 1

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

3. **Present Course Title** Introduction to Computing

PART II. FILL OUT CHANGE INFORMATION ONLY

Change Effective 8 / 24 / 20 19

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 Nagarajan Prabakar _____ / _____ / 20_____

(Type name) **(Signature)**

prabakar@cis.fiu.edu 305-348-2033

(Email address) **(Phone number)**

Chairperson (Dept./Div.) S.S. Iyengar _____ / _____ / 20 19

(Type name) **(Signature)**

Chairperson (Curr. Comm.) _____ / _____ / 20 19

(Type name) **(Signature)**

College/School Dean John Volakis _____ / _____ / 20 19

(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.