| 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 | 4 | 722 | | 3

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

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** Survey of Database Concepts

b. **New Abbreviated course Title** *(for computer class schedules, transcripts)* Survey of DB Concepts

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 — 3 / 16 / 20 20
**(Type name)** **(Signature)**

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

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

**Chairperson (Curr. Comm.)** Wei-Chiang Lin — _____ / _____ / 20 20
**(Type name)** **(Signature)**

**College/School Dean** John Volakis — _____ / _____ / 20 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.**