FLORIDA INTERNATIONAL UNIVERSITY UNIVERSITY CURRICULUM COMMITTEE

Course Change/Deletion Request

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

	SCHOOL/COLLEGE	DIV.	DIV./DEPT. IN WHICH TAUGHT				
b.	DIV./DEPT. NO			DEPT. ACCOUNT NO			
2a.	Present Course Title				(10 dig	its)	
b.							
	Alpha 1st last 3 Prefix Digit Digits	"C"-lec-lab "L"-Lab	Cr. Hrs.	HEGIS No. (6 digits)			CIP Code (Leave this blant
3.	Deletion Request? Yes	_ Effective Date	e/_	/ 20			
		a. Reason for	Deletion:				
	No	b. Skip Char	•	ation Section	n (Part II)		
	No		•				
	ANGE INFORMATION						
4a.	New Title:				Cha	nge Effectiv	/e / / 20
b.	Abbreviated course Title (f	or computer class s	chedules, tra	anscripts)			
.					25 Char	acters (includi	ng spaces)
5a.	New 1st last 3 Alpha Digit Digits Prefix	"C"-lec-lab "L"-Lab		С	redit Hours: From	ı To _	
6.	Catalog Description (not to exceed 200 characters including spaces)						
7.	7. New Prerequisite(s): New Cor						
8.	Explain Reclassification Re	equest:					
	ANGE REQUESTED BY: Faculty Contact						/ / 20
	ANGE REQUESTED BY: Faculty Contact	(Type name)			(Signature)		// 20
-					(Signature) (Phone number)		// 20
		(Type name) (Email address)			(Signature) (Phone number)		//20
	Faculty Contact Chairperson (Dept./Div.)	(Type name) (Email address) (Type name)			(Signature)		// 20
-	Faculty Contact	(Type name) (Email address) (Type name)			(Signature) (Phone number) (Signature)		_
	Faculty Contact Chairperson (Dept./Div.)	(Type name) (Email address) (Type name) (Type name)			(Signature) (Phone number) (Signature) (Signature)		// 20
СНА	Chairperson (Dept./Div.) Chairperson (Curr. Comm.) College/School Dean	(Type name) (Email address) (Type name) (Type name)			(Signature) (Phone number) (Signature)		// 20 // 20
СНА	Faculty Contact Chairperson (Dept./Div.) Chairperson (Curr. Comm.) College/School Dean	(Type name) (Email address) (Type name) (Type name) (Type name)			(Signature) (Phone number) (Signature) (Signature) (Signature)		//20 //20 //20
<u>CH</u>	Chairperson (Dept./Div.) Chairperson (Curr. Comm.) College/School Dean	(Type name) (Email address) (Type name) (Type name) (Type name) nmittee			(Signature) (Phone number) (Signature) (Signature) (Signature)	/ 20	//20 //20 //20

Submit one original copy of this form. Attach one hard copy and one electronic copy of the course syllabus containing: Objectives, Learning Outcomes, Major Topics and Textbooks.