

**FLORIDA INTERNATIONAL UNIVERSITY
UNIVERSITY CURRICULUM COMMITTEE**
Course Change/Deletion Request

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

INSTRUCTIONS: Fill out Part I completely. In Part II, fill out the items which have changed and explain reason for change.

I. 1a. SCHOOL/COLLEGE _____ DIV./DEPT. IN WHICH TAUGHT _____

b. DIV./DEPT. NO. _____ DEPT. ACCOUNT NO. _____
(10 digits)

2a. Present Course Title _____

b. _____

	Alpha Prefix	1st Digit	last 3 Digits	“C”-lec-lab “L”-Lab	Cr. Hrs.	HEGIS No. (6 digits)		CIP Code (Leave this blank)
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3. Deletion Request? Yes _____ Effective Date ____ / ____ / 20 ____

a. Reason for Deletion: _____

b. Skip Change Information Section (Part II)
No _____ Fill out Part II.

II. CHANGE INFORMATION ONLY

4a. New Title: _____ Change Effective ____ / ____ / 20 ____

b. Abbreviated course Title (for computer class schedules, transcripts) _____
 25 Characters (including spaces)

5a. _____

	New Alpha Prefix	1st Digit	last 3 Digits	“C”-lec-lab “L”-Lab		Credit Hours: From ____ To ____
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6. Catalog Description (not to exceed 200 characters including spaces)

7. New Prerequisite(s): _____ New Corequisite(s): _____

8. Explain Reclassification Request: _____

CHANGE 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)	

APPROVED BY:

University Curriculum Committee _____ / ____ / 20 ____

Faculty Senate Chairperson _____ / ____ / 20 ____

Academic Affairs V.P. _____ / ____ / 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.