

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

|                                |
|--------------------------------|
| <b>DO NOT TYPE IN THIS BOX</b> |
| 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<br>“L”-Lab | Cr. Hrs. | HEGIS No.<br>(6 digits) |  | CIP Code<br>(Leave this blank) |
|--|--------------|-----------|---------------|------------------------|----------|-------------------------|--|--------------------------------|

**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<br>“L”-Lab | Credit Hours: From ____ To ____ |
|--|------------------|-----------|---------------|------------------------|---------------------------------|

**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.**