

**FLORIDA INTERNATIONAL UNIVERSITY  
UNIVERSITY CURRICULUM COMMITTEE**  
*Proposal for a New Course*

<b>DO NOT TYPE IN THIS BOX</b>
Bulletin # : _____
Academic Year : _____

1. SCHOOL/COLLEGE \_\_\_\_\_ DIV./DEPT. IN WHICH TAUGHT \_\_\_\_\_
2. \_\_\_\_\_ Grading Method (select one):  Graded  Pass/Fail  

Alpha Prefix	1st Digit	Last 3 Digits	“C”-lec-lab “L”-Lab	Cr. Hrs.	CIP Code (Leave this blank): _____
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- 3a. Course Title \_\_\_\_\_
- b. Abbreviated course Title (for computer class schedules, transcripts)   
LIMITED TO 25 Characters (including spaces)
4. Statewide Course Numbering Subject Matter Area \_\_\_\_\_
5. 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.*
6. ATTACH DETAILED SYLLABUS COURSE OUTLINE AND COURSE JUSTIFICATION ON SEPARATE PAGE(S).
7. Prerequisite(s): \_\_\_\_\_
8. Corequisite(s) \_\_\_\_\_
9. Objective(s) of Course:
10. Does this course duplicate/overlap other courses at FIU? \_\_\_ No \_\_\_ Yes  
 If yes, please explain: \_\_\_\_\_
11. What other closely related department(s) have been consulted about this course?  
 \_\_\_\_\_

**PROPOSAL REQUESTED BY:**

Faculty Contact _____	(Type name)	(Signature)	_____/_____/20
	(Email address)	(Phone number)	
Chairperson (Dept./Div.) _____	(Type name)	(Signature)	_____/_____/20
Chairperson (Curr. Comm.) _____	(Type name)	(Signature)	_____/_____/20
College/School Dean _____	(Type name)	(Signature)	_____/_____/20

**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: course description, objectives, learning outcomes, major topics and textbooks.**