

**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. 1. SCHOOL/COLLEGE _____ DIV./DEPT. IN WHICH TAUGHT _____

2a. Present Course Title _____

b.

Alpha Prefix	1st Digit	last 3 Digits	"C"-lec-lab "L"-Lab	Cr. Hrs.
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3. Deletion Request?
 Yes _____ Effective Date: ____ / ____ / 20____
 Reason for Deletion: _____
 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)
College of Medicine and College of Law: Attach description not exceeding 1,000 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: course description, objectives, learning outcomes, major topics and textbooks.