

**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.**

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 _____	(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.**