

**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. |
|--------------|-----------|---------------|------------------------|----------|

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 ____ |
|------------------|-----------|---------------|------------------------|---------------------------------|

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.