## 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. SCHOOL/COLLEGE DIV./DEPT. IN WHICH TAUGHT 1. 2a. Present Course Title b. last 3 "C"-lec-lab Cr. Hrs. Alpha "L"-Lab Prefix Digit Digits **Deletion Request?** Effective Date: \_\_\_\_/ \_\_\_/ 20\_\_\_\_ Reason for Deletion: Fill out Part II. II. CHANGE INFORMATION ONLY \_\_\_\_\_/ Change Effective \_\_\_\_\_/ \_\_\_/ 20\_\_\_\_ 4a. New Title: Abbreviated course Title (for computer class schedules, transcripts) b. 25 Characters (including spaces) 5a. Credit Hours: From \_\_\_\_\_ To \_\_\_\_ New "C"-lec-lab 1st last 3 **Alpha Digit Digits** "L"-Lab **Prefix** Catalog Description (not to exceed 200 characters including spaces) 6. 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) (Email address) (Phone number) Chairperson (Dept./Div.) \_\_\_ (Signature) (Type name) Chairperson (Curr. Comm.) \_ (Type name) (Signature) College/School Dean \_\_ \_\_\_\_/ \_\_\_\_/ 20\_\_\_\_ (Type name) (Signature) **APPROVED BY:** University Curriculum Committee \_\_\_\_\_\_ / 20\_\_\_\_\_ Faculty Senate Chairperson \_\_\_\_\_\_ / 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.

Academic Affairs V.P.