FLORIDA INTERNATIONAL UNIVERSITY UNIVERSITY CURRICULUM COMMITTEE

Proposal for a New Course

DO NOT TYPE IN THIS BOX
Bulletin # :
Academic Year :

		DIV./DEI 1. IIV	DIV./DEPT. IN WHICH TAUGHT		
DIV./DEPT. NO		DEPT. ACCOUNT NO			
			(9 digits)		
Alpha 1st last 3 Prefix Digit Digits	"C"-lec-lab "L"-Lab	Cr. Hrs.		CIP Code (Leave this blank	
Course Title					
Abbreviated course Title (for	r computer clas	se echodulos, transcrit	ate)		
Appleviated course Title (10)	computer clas	ss scriedules, transcrip		cters (including spaces)	
Statewide Course Numbering	g Subject Matte	er Area			
Catalog Description/Major To	opics (not to ex	ceed 200 characters in	cluding spaces)		
ATTACH DETAILED SYLLAR	SUS COURSE O	OUTLINE AND COURSE	JUSTIFICATION ON SEPARA	ATE PAGE(S).	
Prerequisite(s):					
Corequisite(s)					
Objective(s) of Course:					
Does this course duplicate/o	verlap other co	ourses at FIU? No	Yes		
-	-		Yes		
If yes, please explain:	<u>-</u>				
If yes, please explain:	<u>-</u>				
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If yes, please explain: What other closely related do	<u>-</u>		out this course?		
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If yes, please explain: What other closely related do PROPOSAL REQUESTED BY: Faculty Contact	epartment(s) ha	ave been consulted ab	out this course?	// 20	
If yes, please explain: What other closely related do	epartment(s) ha (Type name) (Email addres	ave been consulted ab	Out this course? (Signature) (Phone number)		
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If yes, please explain: What other closely related do PROPOSAL REQUESTED BY: Faculty Contact Chairperson (Dept./Div.) Chairperson (Curr. Comm.)	(Type name) (Email addres	ave been consulted ab	Out this course? (Signature) (Phone number)	// 20	
PROPOSAL REQUESTED BY: Faculty Contact Chairperson (Dept./Div.) Chairperson (Curr. Comm.) College/School Dean	(Type name) (Email addres	ave been consulted ab	(Signature) (Phone number) (Signature)	//20	
PROPOSAL REQUESTED BY: Faculty Contact Chairperson (Dept./Div.) Chairperson (Curr. Comm.) College/School Dean APPROVED BY:	(Type name) (Email addres (Type name) (Type name) (Type name)	ave been consulted ab	(Signature) (Phone number) (Signature) (Signature) (Signature)	//20	
PROPOSAL REQUESTED BY: Faculty Contact Chairperson (Dept./Div.) Chairperson (Curr. Comm.) College/School Dean APPROVED BY: University Curriculum Comm	(Type name) (Email addres (Type name) (Type name) (Type name) (Type name)	ave been consulted ab	(Signature) (Phone number) (Signature) (Signature) (Signature)	//20	
PROPOSAL REQUESTED BY: Faculty Contact Chairperson (Dept./Div.) Chairperson (Curr. Comm.) College/School Dean APPROVED BY: University Curriculum Comm. Faculty Senate Chairperson	(Type name) (Email addres (Type name) (Type name) (Type name)	ave been consulted ab	(Signature) (Phone number) (Signature) (Signature) (Signature)	//20	

Submit one original copy of this form. Attach one hard copy and one electronic copy of the course syllabus containing: Objectives, Learning Outcomes, Major Topics and Textbooks.