

FLORIDA INTERNATIONAL UNIVERSITY
Course Revision for Global Learning Designation

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

1. SCHOOL/COLLEGE _____ DIV./DEPT. IN WHICH TAUGHT _____
 DIV./DEPT. NO. _____ DEPT. ACCOUNT NO. _____
 (9 digits)
2. _____

Alpha Prefix	1 st Digit	last 3 Digits	“C”-lec-lab “L”-Lab	Cr. Hrs.
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3. Course Title _____
4. Catalog Description/Major Topics (not to exceed 200 characters including spaces)

5. Prerequisite(s): _____
6. Corequisite(s) _____

SUBMIT ONE ORIGINAL COPY OF THIS FORM. ATTACH ONE HARD COPY AND ONE ELECTRONIC COPY OF THE COURSE SYLLABUS AND THE GLOBAL LEARNING ASSESSMENT MATRIX.

PROPOSAL 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:

Office of Global Learning Initiatives Director	_____	____ / ____ / 20__
Global Learning Curriculum Oversight Committee	_____	____ / ____ / 20__
Faculty Senate Chairperson	_____	____ / ____ / 20__
Academic Affairs V.P.	_____	____ / ____ / 20__