



**FLORIDA INTERNATIONAL UNIVERSITY  
UNIVERSITY CURRICULUM COMMITTEE**  
*Proposal for a Course Deletion*

<b>DO NOT TYPE IN THIS BOX</b>
Bulletin # : _____
Academic Year : _____

1. School/College \_\_\_\_\_

Div./Dept. in Which Taught \_\_\_\_\_

2. \_\_\_\_\_

Alpha	1st	Last 3	“C”-lec-lab	Cr. Hrs.
Prefix	Digit	Digits	“L”-Lab	

3. Present Course Title \_\_\_\_\_

4. Effective Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Reason for Deletion:

6. Should include field on the form stating: Is this course used for the assessment of a program or certificate (if yes, then send a notification to [assessment@fiu.edu](mailto:assessment@fiu.edu))?

**PROPOSAL 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)

PLEASE SUBMIT ORIGINAL FORM.