FLORIDA INTERNATIONAL UNIVERSITY
UNIVERSITY CURRICULUM COMMITTEE
Proposal for a Course Deletion

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

1. **School/College** Click to select _____

   Div./Dept. in Which Taught _____

2. _____ ____ _____ _____ _____

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

3. **Present Course Title** _____

4. **Effective Date** _____ / _____ / _____

5. **Reason for Deletion:**

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.