

## DO NOT TYPE IN THIS BOX

Bulletin # : \_\_\_\_ Academic Year : \_\_\_\_

## FLORIDA INTERNATIONAL UNIVERSITY

Course Revision for Global Learning Designation

SCHOOL/COLLEGE				
DIV./DEPT. IN WHICH TAUG	нт			
Alpha 1 <sup>st</sup> last 3 Prefix Digit Digits				
Course Title				
Catalog Description/Major To	opics (not to exceed 200 characters	s including spaces)		
Prerequisite(s):				
11010quiotto(0).				
Corequisite(s)				
Corequisite(s)				
		COURSE SYLLABUS AND THE		
	I. ATTACH ONE COPY OF THE			
SUBMIT ORIGINAL FORM	I. ATTACH ONE COPY OF THE			
SUBMIT ORIGINAL FORM LEARNING ASSESSMENT	I. ATTACH ONE COPY OF THE			
SUBMIT ORIGINAL FORM LEARNING ASSESSMENT	I. ATTACH ONE COPY OF THE			
SUBMIT ORIGINAL FORM LEARNING ASSESSMENT	I. ATTACH ONE COPY OF THE	COURSE SYLLABUS AND THI	E GLOBAL	/ 20
SUBMIT ORIGINAL FORM LEARNING ASSESSMENT PROPOSAL REQUESTED BY:	I. ATTACH ONE COPY OF THE	COURSE SYLLABUS AND THI		/ 20
SUBMIT ORIGINAL FORM LEARNING ASSESSMENT PROPOSAL REQUESTED BY:	I. ATTACH ONE COPY OF THE	COURSE SYLLABUS AND THI	E GLOBAL	/ 20
SUBMIT ORIGINAL FORM LEARNING ASSESSMENT PROPOSAL REQUESTED BY:	T. ATTACH ONE COPY OF THE	(Signature)	E GLOBAL	/ 20
SUBMIT ORIGINAL FORM LEARNING ASSESSMENT PROPOSAL REQUESTED BY:	T. ATTACH ONE COPY OF THE T MATRIX.  (Type name)  (Email address)	(Signature)  (Phone number)	E GLOBAL	/ 20
SUBMIT ORIGINAL FORM LEARNING ASSESSMENT PROPOSAL REQUESTED BY: Faculty Contact	T. ATTACH ONE COPY OF THE	(Signature)	E GLOBAL	
SUBMIT ORIGINAL FORM LEARNING ASSESSMENT PROPOSAL REQUESTED BY: Faculty Contact	(Type name)  (Type name)  (Type name)	(Signature)  (Phone number)  (Signature)	E GLOBAL	
SUBMIT ORIGINAL FORM LEARNING ASSESSMENT PROPOSAL REQUESTED BY: Faculty Contact Chairperson (Dept./Div.)	T. ATTACH ONE COPY OF THE T MATRIX.  (Type name)  (Email address)	(Signature)  (Phone number)	E GLOBAL	/ 20
SUBMIT ORIGINAL FORM LEARNING ASSESSMENT PROPOSAL REQUESTED BY: Faculty Contact Chairperson (Dept./Div.)	(Type name)  (Type name)  (Type name)	(Signature)  (Signature)  (Signature)  (Signature)	E GLOBAL	/ 20/ 20