FLORIDA INTERNATIONAL UNIVERSITY
Course Revision for Global Learning Designation

1.   **SCHOOL/COLLEGE** _____

2.   **DIV./DEPT. IN WHICH TAUGHT** _____

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

4.   **Course Title** _____

5.   **Catalog Description/Major Topics (not to exceed 200** characters including spaces)

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     │   │
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6.   **Prerequisite(s):** _____

7.   **Corequisite(s)** _____

     ==SUBMIT ORIGINAL FORM. ATTACH ONE COPY OF THE COURSE SYLLABUS AND THE GLOBAL==

     ==LEARNING ASSESSMENT MATRIX.==

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)