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

## FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

## **Changes** to a Graduate Degree Program

INSTRUCTIONS: Please	Гуре. Fill out this t	form <b>completely</b> .				
School/College		Div./Dept.				
Degree Program Title:						
Proposed Implementation Date: _						
PROPOSAL REQUESTED BY:						
Faculty Contact	(Type Name)	(Signature)	//20			
Chair (Dept./Div.) Chair (Curr. Comm.)	(Type Name)	(Phone Number) (Signature)	//20 //20			
College/School Dean	(Type Name)	(Signature)	//20			
APPROVED BY:						
Graduate Council Chair			//20			
Univ. Curr. Comm. Chair:	(Type Name)	(Signature)	//20			
Faculty Senate Chair	(Type Name)	(Signature)	//20			
Dean Univ. Grad. School	(Type Name)	(Signature)	//20			
Provost	(Type Name)	(Signature)	//20			
	(Type Name)	(Signature)				

NO HEARING REQUIRED. PLEASE SUBMIT ORIGINAL PLUS 1 ELECTRONIC COPY.

Faculty Senate 10/2007