



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

# FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

## Changes to a Graduate Degree Program

**INSTRUCTIONS:** Please Type. Fill out this form **completely**.

School/College \_\_\_\_\_ Div./Dept. \_\_\_\_\_

Degree Program Title: \_\_\_\_\_

M.A.    M.S.    Ph.D.    Other \_\_\_\_\_

Proposed Implementation Date: \_\_\_\_\_

**PROPOSAL REQUESTED BY:**

Faculty Contact _____	(Type Name)	(Signature)	____/____/20__
_____	(Email address)	(Phone Number)	
Chair (Dept./Div.) _____	(Type Name)	(Signature)	____/____/20__
Chair (Curr. Comm.) _____	(Type Name)	(Signature)	____/____/20__
College/School Dean _____	(Type Name)	(Signature)	____/____/20__

**APPROVED BY:**

Graduate Council Chair _____	(Type Name)	(Signature)	____/____/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__