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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 _____ / ____/20____
(Type Name) (Signature)

(Email address) (Phone Number)

Chair (Dept./Div.) _____ / ____/20____
(Type Name) (Signature)

Chair (Curr. Comm.) _____ / ____/20____
(Type Name) (Signature)

College/School Dean _____ / ____/20____
(Type Name) (Signature)

APPROVED BY:

Graduate Council Chair _____ / ____/20____
(Type Name) (Signature)

Univ. Curr. Comm. Chair: _____ / ____/20____
(Type Name) (Signature)

Faculty Senate Chair _____ / ____/20____
(Type Name) (Signature)

Dean Univ. Grad. School _____ / ____/20____
(Type Name) (Signature)

Provost _____ / ____/20____
(Type Name) (Signature)