

DO NOT TYPE IN THIS BOX	(
Bulletin #:	
Academic Year:	

## FLORIDA INTERNATIONAL UNIVERSITY UNDERGRADUATE PROGRAM PROPOSAL

## **Changes** to an Undergraduate Minor

INSTRUCTIONS: Please	Type. Fill out this fo	orm <b>completely.</b>	
School/College	chool/College Div./Dept		
Minor Name:			
Degree Name:			□ Not Applicable
□ B.A.	□ B.S. □C	other Bachelor's	
Proposed Implementation Date:			
PROPOSAL REQUESTED BY:			
Faculty Contact			//20
	(Type Name)	(Signature)	
Chair (Dept./Div.)	(Email address)	(Phone Number)	//20
Chair (Curr. Comm.)	(Type Name)	(Signature)	//20
College/School Dean	(Type Name)	(Signature)	//20
-	(Type Name)	(Signature)	
APPROVED BY:			
Undergrad. Council Chair			//20
Univ. Curr. Comm. Chair	(Type Name) (Type Name)	(Signature)	//20
Faculty Senate Chair		(Signature)	//20
Undergrad. Education Dean	(Type Name)	(Signature)	/ /20
Provost	(Type Name)	(Signature)	/ /20
	(Type Name)	(Signature)	

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

Faculty Senate 8/2010