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 Bulletin #: _____
 Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

Changes to a Graduate Track

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

School/College _____ Div./Dept. _____

Track Name: _____

Degree Name: _____

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)	

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