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FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

New Graduate Degree Program

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

School/College _____ Div./Dept. _____

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____
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