



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

FLORIDA INTERNATIONAL UNIVERSITY PROGRAM PROPOSAL

New Accelerated Degree Program *(Combined Bachelors/Masters, 4+1 programs)*

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

School/College _____ Div./Dept. _____

Title: _____

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:

Undergraduate Council Chair _____	(Type Name)	(Signature)	____/____/20____
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____
V.P. Undergrad. Education _____	(Type Name)	(Signature)	____/____/20____
Provost _____	(Type Name)	(Signature)	____/____/20____

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