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Bulletin #: _____ Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY
UNDERGRADUATE PROGRAM PROPOSAL

Changes to the Undergraduate Policy and Procedures Manual

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

Faculty Contact: _____ Div./Dept. _____

Phone: _____ Email: _____

Date: _____

Old Policy from Undergraduate Policy and Procedures Manual: Section # _____

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Proposed Policy:

_____
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_____

Rationale for Change:

_____
_____
_____

APPROVED BY:

Undergraduate Council Chair _____ ____/____/20___
(Type Name) (Signature)

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

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

V.P. Undergrad. Education _____ ____/____/20___
(Type Name) (Signature)

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

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