



**DO NOT TYPE IN THIS BOX**  
 Bulletin #: \_\_\_\_\_  
 Academic Year: \_\_\_\_\_

# FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

## Changes to a Graduate Degree Program

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

School/College \_\_\_\_\_ Div./Dept. \_\_\_\_\_

Degree Program Title: \_\_\_\_\_

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)	

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