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FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

Changes to the Graduate Policy and Procedures Manual

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

Faculty Contact: _____ Div./Dept. _____

Phone: _____ Email: _____

Date: _____

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

Proposed Policy:

Rationale for Change:

APPROVED BY:

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

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