



**DO NOT TYPE IN THIS BOX**

Bulletin #: \_\_\_\_\_

Academic Year: \_\_\_\_\_

# FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

## New Graduate Certificate

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

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

Certificate Title: \_\_\_\_\_

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)

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