



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

FLORIDA INTERNATIONAL UNIVERSITY PROGRAM PROPOSAL

New Combined Degree Program

Undergraduate – Graduate

Graduate - Graduate

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

Title of Combined Degree: _____

Proposed Implementation Date: _____

PROPOSAL REQUESTED BY:

School/College _____ **Div./Dept.** _____

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)

School/College _____ **Div./Dept.** _____

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:

Undergrad. Council Chair (if applicable) _____ / ____ /20____
(Type Name) (Signature)

Grad. Council Chair (if applicable) _____ / ____ /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)

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

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

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