



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

FLORIDA INTERNATIONAL UNIVERSITY UNDERGRADUATE PROGRAM PROPOSAL

Changes to an Undergraduate Degree Program

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

School/College _____ Div./Dept. _____

Degree Title: _____

B.A. B.S. Other Bachelor's _____

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:

Undergrad. 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____
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