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Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY UNDERGRADUATE PROGRAM PROPOSAL

Changes to an Undergraduate Joint Certificate

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

School/College _____ Div./Dept. _____

Joint Certificate Name: _____

Degree Name: _____

B.A. B.S. Other _____

Proposed Implementation Date: _____

PROPOSAL REQUESTED BY:

Faculty Contact _____	(Type Name)	(Signature)	____/____/20__
_____	(Email address)	(Phone Number)	
Chair (Dept./Div.) _____	(Type Name)	(Signature)	____/____/20__
Chair (Curr. Comm.) _____	(Type Name)	(Signature)	____/____/20__
College/School Dean _____	(Type Name)	(Signature)	____/____/20__

APPROVED BY:

Undergrad. Council Chair _____	(Type Name)	(Signature)	____/____/20__
Univ. Curr. Comm. Chair _____	(Type Name)	(Signature)	____/____/20__
Faculty Senate Chair _____	(Type Name)	(Signature)	____/____/20__
V.P. Undergrad. Education _____	(Type Name)	(Signature)	____/____/20__
Provost _____	(Type Name)	(Signature)	____/____/20__

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