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 Bulletin #: _____
 Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

Changes to a 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)

NO HEARING REQUIRED. PLEASE SUBMIT ORIGINAL FORM.