



**DO NOT TYPE IN THIS BOX**

Bulletin #: \_\_\_\_\_  
 Academic Year: \_\_\_\_\_

**FLORIDA INTERNATIONAL UNIVERSITY  
GRADUATE PROGRAM PROPOSAL**

***Changes to a Graduate Major***

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

School/College \_\_\_\_\_

Div./Dept. \_\_\_\_\_

Major Name: \_\_\_\_\_

Degree Name: \_\_\_\_\_

M.A.     M.S.     Ph.D.     Other \_\_\_\_\_

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.**