



**DO NOT TYPE IN THIS BOX**  
 Bulletin #: \_\_\_\_\_  
 Academic Year: \_\_\_\_\_

# FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

## Changes to a Graduate Track

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

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

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

Track 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.**