



DO NOT TYPE IN THIS BOX

Bulletin #: _____

Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

New 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.