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Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

New Graduate Degree Program

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

School/College _____

Div./Dept. _____

Title: _____

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)

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(Type Name) (Signature)

College/School Dean _____ / ____/20____

(Type Name) (Signature)

JOINT HEARING REQUIRED. PLEASE SUBMIT ORIGINAL FORM.