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 Bulletin #: _____
 Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

New 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)

JOINT HEARING REQUIRED. PLEASE SUBMIT ORIGINAL FORM.