



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

# FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

## New 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)

**JOINT HEARING REQUIRED. PLEASE SUBMIT ORIGINAL FORM.**