



<b>DO NOT TYPE IN THIS BOX</b>
Bulletin #: _____
Academic Year: _____

# FLORIDA INTERNATIONAL UNIVERSITY PROGRAM PROPOSAL

## New Combined Degree Program

Undergraduate – Graduate

Graduate - Graduate

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

Title of Combined Degree: \_\_\_\_\_

Proposed Implementation Date: \_\_\_\_\_

**PROPOSAL REQUESTED BY:**

**School/College** \_\_\_\_\_ **Div./Dept.** \_\_\_\_\_

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)

**School/College** \_\_\_\_\_ **Div./Dept.** \_\_\_\_\_

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)