DO NOT TYPE IN THIS BOX
Bulletin #: _____ Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY
CURRICULUM PROPOSAL

Program Termination

☐ Undergraduate ☐ Graduate

**Combined:* ☐ Undergraduate – Graduate ☐ Graduate – Graduate

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

Title of Program: _____

Degree Level: ☐ Bachelor's ☐ Master's ☐ Doctorate

Proposed Termination Date:_____

PROPOSAL REQUESTED BY:

School/College Click to select **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** Click to select **Div./Dept.** _____

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_____
(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 ATTACH A JUSTIFICATION MEMO. SUBMIT ORIGINAL FORM.
**** If applicable***