



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

# FLORIDA INTERNATIONAL UNIVERSITY UNDERGRADUATE PROGRAM PROPOSAL

## Changes to an Undergraduate Joint Certificate

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

School/College \_\_\_\_\_

Div./Dept. \_\_\_\_\_

Joint Certificate Name: \_\_\_\_\_

Degree Name: \_\_\_\_\_

B.A.                       B.S.                       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)	

**NO HEARING REQUIRED. PLEASE SUBMIT ORIGINAL FORM.**