



DO NOT TYPE IN THIS BOX

Bulletin #: _____
Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY UNDERGRADUATE PROGRAM PROPOSAL

Changes to an Undergraduate Minor

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

School/College _____

Div./Dept. _____

Minor Name: _____

Degree Name: _____ Not Applicable

B.A. B.S. Other Bachelor's _____

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.