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Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY UNDERGRADUATE PROGRAM PROPOSAL

New Undergraduate Degree Program

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

School/College _____

Div./Dept. _____

Degree Program Title: _____

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)

JOINT HEARING REQUIRED. PLEASE SUBMIT ORIGINAL FORM.