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Academic Year: _____



FLORIDA INTERNATIONAL UNIVERSITY UNDERGRADUATE PROGRAM PROPOSAL

New Undergraduate Major

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

School/College _____

Div./Dept. _____

Major 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)	

JOINT HEARING REQUIRED. PLEASE SUBMIT ORIGINAL FORM.