



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

FLORIDA INTERNATIONAL UNIVERSITY UNDERGRADUATE PROGRAM PROPOSAL

New Undergraduate Track

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

School/College _____

Div./Dept. _____

Track 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.