



**DO NOT TYPE IN THIS BOX**  
 Bulletin #: \_\_\_\_\_  
 Academic Year: \_\_\_\_\_

# FLORIDA INTERNATIONAL UNIVERSITY UNDERGRADUATE PROGRAM PROPOSAL

## Changes to an Undergraduate Degree Program

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

School/College \_\_\_\_\_ Div./Dept. \_\_\_\_\_

Degree 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)

**APPROVED BY:**

Undergrad. Council Chair \_\_\_\_\_ / \_\_\_\_ /20\_\_\_\_  
 (Type Name) (Signature)

Univ. Curr. Comm. Chair \_\_\_\_\_ / \_\_\_\_ /20\_\_\_\_  
 (Type Name) (Signature)

Faculty Senate Chair \_\_\_\_\_ / \_\_\_\_ /20\_\_\_\_  
 (Type Name) (Signature)

V.P. Undergrad. Education \_\_\_\_\_ / \_\_\_\_ /20\_\_\_\_  
 (Type Name) (Signature)

Provost \_\_\_\_\_ / \_\_\_\_ /20\_\_\_\_  
 (Type Name) (Signature)

**NO HEARING REQUIRED. PLEASE SUBMIT ORIGINAL PLUS 1 ELECTRONIC COPY.**