



**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)

**NO HEARING REQUIRED. PLEASE SUBMIT ORIGINAL FORM.**