



**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.**

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## **CHANGES TO UNDERGRADUATE DEGREE PROGRAM**

PLEASE SUBMIT THIS FORM WITH YOUR PROPOSAL

**Please fill out the coversheet in its entirety.**

**The proposal must include the following elements using the current undergraduate catalog:**

- I. List old Degree prescribed courses, other requirements, credits and page number (left column)
- II. List new Degree prescribed courses, other requirements and credits (right column)
- III. Include a brief rationale for the change

### **CHECK LIST**

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Do all courses exist in the current catalog?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If courses are not in the current catalog, are they proposed in the same Curriculum Committee Bulletin as this proposal?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If courses are not in the current catalog or proposed in this same bulletin, were they approved in a previous curriculum bulletin?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, attach a separate sheet indicating each course number, name, Bulletin number and Bulletin date.  |                          |                          |
| If the answers to 1, 2, and 3 are no, do not submit the proposal. Address the course issues first.   |                          |                          |
| 4. Do courses listed have the correct course prefixes, official titles, course numbers and number of credits?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all courses to be added or changed taught in the same proposing departments?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are courses to be deleted taught in the same proposing department?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If the answer to #5 or #6 is no, do you have the written approval/ acknowledgement of the other department(s)? (You must have written approval before submitting this document.) |                          |                          |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The written approval(s)/acknowledgment(s) must be attached.   |                          |                          |