



<b>DO NOT TYPE IN THIS BOX</b>
Bulletin #: _____
Academic Year: _____

# FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

## New Graduate Degree Program

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

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

Title: \_\_\_\_\_

M.A.     M.S.     Ph.D.     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)

**APPROVED BY:**

Graduate Council Chair \_\_\_\_\_ / \_\_\_\_ /20\_\_\_\_  
(Type Name) (Signature)

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

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

Dean Univ. Grad. School \_\_\_\_\_ / \_\_\_\_ /20\_\_\_\_  
(Type Name) (Signature)

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

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