



DO NOT TYPE IN THIS BOX

Bulletin #: _____

Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

New Graduate Major

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

School/College _____ Div./Dept. _____

Major Name: _____

Degree Name: _____

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)

JOINT HEARING REQUIRED. PLEASE SUBMIT ORIGINAL AND 1 ELECTRONIC COPY.

Faculty Senate 10/2010