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Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY PROGRAM PROPOSAL

New Accelerated Degree Program (Combined Bachelors/Masters, 4+1 programs)

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

School/College _____ Div./Dept. _____

Title: _____

Proposed Implementation Date: _____

PROPOSAL REQUESTED BY:

Faculty Contact _____	(Type Name)	(Signature)	_____/_____/20__
_____	(Email address)	(Phone Number)	
Chair (Dept./Div.) _____	(Type Name)	(Signature)	_____/_____/20__
Chair (Curr. Comm.) _____	(Type Name)	(Signature)	_____/_____/20__
College/School Dean _____	(Type Name)	(Signature)	_____/_____/20__

APPROVED BY:

Undergraduate Council Chair _____	(Type Name)	(Signature)	_____/_____/20__
Graduate Council Chair _____	(Type Name)	(Signature)	_____/_____/20__
Univ. Curr. Comm. Chair _____	(Type Name)	(Signature)	_____/_____/20__
Faculty Senate Chair _____	(Type Name)	(Signature)	_____/_____/20__
Dean Univ. Grad. School _____	(Type Name)	(Signature)	_____/_____/20__
Undergrad. Education Dean _____	(Type Name)	(Signature)	_____/_____/20__
Provost _____	(Type Name)	(Signature)	_____/_____/20__

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