



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

# FLORIDA INTERNATIONAL UNIVERSITY PROGRAM PROPOSAL

## New Combined Degree Program

 Undergraduate – Graduate

 Graduate - Graduate

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

Title of Combined Degree: \_\_\_\_\_

Proposed Implementation Date: \_\_\_\_\_

**PROPOSAL REQUESTED BY:**

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

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)

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

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:**

Undergrad. Council Chair (if applicable) \_\_\_\_\_ / \_\_\_\_ /20 \_\_\_\_  
(Type Name) (Signature)

Grad. Council Chair (if applicable) \_\_\_\_\_ / \_\_\_\_ /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)

Undergrad. Education Dean \_\_\_\_\_ / \_\_\_\_ /20 \_\_\_\_  
(Type Name) (Signature)

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

**No HEARING REQUIRED. PLEASE SUBMIT ORIGINAL PLUS 1 ELECTRONIC COPY.**