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Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY UNDERGRADUATE PROGRAM PROPOSAL

Changes to an Undergraduate Certificate

Academic

Professional

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

School/College _____ Div./Dept. _____

Certificate Title: _____

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:

Undergrad. Council Chair _____ / ____ /20____
(Type Name) (Signature)

Univ. Curr. Comm. Chair _____ / ____ /20____
(Type Name) (Signature)

Faculty Senate Chair _____ / ____ /20____
(Type Name) (Signature)

Undergrad. Education Dean _____ / ____ /20____
(Type Name) (Signature)

Provost _____ / ____ /20____
(Type Name) (Signature)

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