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Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY UNDERGRADUATE PROGRAM PROPOSAL

New Undergraduate Major

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

School/College _____ Div./Dept. _____

Major Name: _____

Degree Name: _____

B.A. B.S. Other _____

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:

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

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