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Bulletin #: _____

Academic Year: _____

FLORIDA INTERNATIONAL UNIVERSITY GRADUATE PROGRAM PROPOSAL

Changes to the Graduate Policy and Procedures Manual

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

Faculty Contact: _____ Div./Dept. _____

Phone: _____ Email: _____

Date: _____

Old Policy from Graduate Policy and Procedures Manual: Section # _____

Proposed Policy:

Rationale for Change:

NO HEARING REQUIRED. PLEASE SUBMIT ORIGINAL FORM.