NEW/CHANGE PROGRAM REQUEST
Undergraduate Programs

FLORIDA ATLANTIC UNIVERSITY

Department

College

UUPC Approval _____

UFS Approval _____

Banner _____

Catalog _____

Program Name	☐ **New Program*** ☐ **Change Program***	**Effective Date** *(TERM & YEAR)*

Please explain the requested change(s) and offer rationale below or on an attachment.

*All new programs and changes to existing programs must be accompanied by a catalog entry showing the new or proposed changes.

Faculty Contact/Email/Phone	**Consult and list departments that may be affected by the change(s) and attach documentation**

Approved by	***Date***
Department Chair _____	_____
College Curriculum Chair _____	_____
College Dean _____	_____
UUPC Chair _____	_____
Undergraduate Studies Dean _____	_____
UFS President _____	_____
Provost _____	_____

Email this form and attachments to mjenning@fau.edu seven business days before the UUPC meeting.