

UGPC APPROVAL	
UFS APPROVAL	
CATALOG	

Graduate Programs—PROGRAM CHANGE REQUEST		
DEPARTMENT:	College:	
Program Name		F
PROGRAM NAME:		EFFECTIVE DATE (PROVIDE TERM/YEAR)
		(FROVIDE TERMITEAR)
PLEASE EXPLAIN THE REQUESTED CHANGE(S) AND OFFER RATIONALE BELOW AND/OR ATTACHED:		
Faculty contact, email and complete phone number:	Consult and list departments that might be a	ffected by the change and attach comments.
Approved by:		Date:
Department Chair:		
College Curriculum Chair:		
College Dean:		
UGPC Chair:		
Graduate College Dean:		
UFS President:		
Provost:		

Email this form and syllabus to <u>UGPC@fau.edu</u> one week before the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website prior to the meeting.