FLORIDA ATLANTIC UNIVERSITY

NEW/CHANGE PROGRAM REQUEST
Graduate Programs

Department

College

UGPC 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 _____	_____
UGPC Chair _____	_____
UGC Chair _____	_____
Graduate College Dean _____	_____
UFS President _____	_____
Provost _____	_____

Email this form and attachments to UGPC@fau.edu six business days before the UGPC meeting.