

 <b>FLORIDA ATLANTIC UNIVERSITY</b>	<b>NEW/CHANGE PROGRAM REQUEST</b> <b>Graduate Programs</b>		UGPC Approval _____ UFS Approval _____ Banner _____ Catalog _____
	Department _____ College _____		
Program Name _____		New Program*  Change Program*	<b>Effective Date</b> (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	
<b>Approved by</b> Department Chair _____ <i>[Signature]</i> College Curriculum Chair _____ <i>Robert Pinsker</i> College Dean _____ <i>Marc Rhorer</i> UGPC Chair _____ UGC Chair _____ Graduate College Dean _____ UFS President _____ Provost _____		<b>Date</b> _____ 1/24/2025 _____ 1/28/2025 _____ 1/28/2025 _____ _____ _____ _____	

Email this form and attachments to [UGPC@fau.edu](mailto:UGPC@fau.edu) 10 days before the UGPC meeting.