

 FLORIDA ATLANTIC UNIVERSITY	NEW/CHANGE PROGRAM REQUEST Graduate Programs		UGPC Approval _____ UFS Approval _____ Banner _____ Catalog _____
	Department _____ College _____		
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 Department Chair _____ College Curriculum Chair <u>Robert Pinsker</u> College Dean <u>Marc Rhorer</u> UGPC Chair _____ UGC Chair _____ Graduate College Dean _____ UFS President _____ Provost _____		Date _____ 3/7/2025 _____ 4/3/2025 _____ 4/3/2025 _____ _____ _____ _____ _____	

Email this form and attachments to UGPC@fau.edu 10 days before the UGPC meeting.