

 FLORIDA ATLANTIC UNIVERSITY	NEW/CHANGE PROGRAM REQUEST Graduate Programs		UGPC Approval _____
	Department _____ College _____		UFS Approval _____ Banner Posted _____ 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			
Faculty Contact/Email/Phone		Consult and list departments that may be affected by the change(s) and attach documentation	
Approved by		Date	
Department Chair _____ <i>Hari Kalva</i>		_____ 10/3/2025	
College Curriculum Chair _____ <i>A.R. Noyelle</i>		_____ 10/07/2025	
College Dean _____ <i>Raquel Assis</i>		_____ 10/8/2025	
UGPC Chair _____		_____	
UGC Chair _____		_____	
Graduate College Dean _____		_____	
UFS President _____		_____	
Provost _____		_____	