

 FLORIDA ATLANTIC UNIVERSITY	NEW/CHANGE PROGRAM REQUEST Graduate Programs		UGPC Approval _____ UFS Approval _____ Banner Posted _____ 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			
Faculty Contact/Email/Phone _____		Consult and list departments that may be affected by the change(s) and attach documentation	
Approved by			Date
Department Chair <u>Hai Kalva</u>			<u>10/3/2025</u>
College Curriculum Chair <u>A.R. Noyak</u>			<u>10/07/2025</u>
College Dean <u>Raguel Assis</u>			<u>10/8/2015</u>
UGPC Chair _____			_____
UGC Chair _____			_____
Graduate College Dean _____			_____
UFS President _____			_____
Provost _____			_____