

 FLORIDA ATLANTIC UNIVERSITY	NEW/CHANGE PROGRAM REQUEST		UGPC Approval _____
	Graduate Programs		UFS Approval _____
	Department		Banner Posted _____
	College		Catalog _____
Program Name	New Program	Effective Date	
	Change Program	(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>Pierre Philippe Beaujean</u>		<u>10/6/2025</u>	
College Curriculum Chair <u>A R Nayak</u>		<u>10/7/2025</u>	
College Dean <u>Raquel Assis</u>		<u>10/7/2025</u>	
UGPC Chair _____		_____	
UGC Chair _____		_____	
Graduate College Dean _____		_____	
UFS President _____		_____	
Provost _____		_____	