

 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 Department Chair <u>Pierre Philippe Beaugjean</u> College Curriculum Chair <u>AR No 40k</u> College Dean <u>Raquel Assis</u> UGPC Chair _____ UGC Chair _____ Graduate College Dean _____ UFS President _____ Provost _____			Date 10/6/2025 10/7/2025 10/7/2025 _____ _____ _____ _____

Email this form and attachments to UGPC@fau.edu one week before the UGPC meeting so that materials may be viewed on the UGPC website prior to the meeting.