

 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 _____ College Curriculum Chair _____ College Dean _____ UGPC Chair _____ UGC Chair _____ Graduate College Dean _____ UFS President _____ Provost _____		Date _____ 10/07/2025 10/8/2025 _____ _____ _____ _____	