Fau	NEW/CHANGE PROGRAM REQUEST Graduate Programs		UGPC Approval UFS Approval Banner		
FLORIDA	Department		Catalog		
ATLANTIC	Department		9		
UNIVERSITY	College				
Program Name		New Program*	Effective Date (TERM & YEAR)		
		Change Program*			
Please explain	the requested change(s) and offer ra	ationale below or on an	attachment.		
*All new programs a	and changes to existing programs must be accor	mpanied by a catalog entry sho	owing the new or proposed changes.		
Faculty Contact/Email/Phone		Consult and list departments that may be affected by			
		the change(s) and attach	i documentation		
			D /		
Approved by	Paul R. Peluso		Date 11/30/20		
Approved by Department Chair College Curriculum Chair Paul R. Peluso			12/2/20		
			12/3/2020		
College Dean					
UGPC Chair ————————————————————————————————————					
UGC Chair ————————————————————————————————————					
Graduate College	Dean				
UFS President					
Provost					

Email this form and attachments to UGPC@fau.edu 10 days before the UGPC meeting.



Board of Governors, State University System of Florida ACADEMIC DEGREE PROGRAM TERMINATION FORM In Accordance with BOG Regulation 8.012

INSTITUTION:	
PROGRAM NAME:	
DEGREE LEVEL(S):	CIP CODE:
(B., M., Ph.D., Ed.D., etc.)	(Classification of Instructional Programs)
ANTICIPATED TERMINATION	TERM:
(First term when no new students w	vill be accepted into the program)
ANTICIPATED PHASE-OUT TE	ERM:
(First term when no student data w	vill be reported for this program)

Please use this form for academic program termination. The form should be approved by the University Board of Trustees (UBOT) prior to submission to the Board of Governors, State University System of Florida for consideration. Please fill out this form completely for each program to be terminated in order for your request to be processed as quickly as possible. Attach additional pages as necessary to provide a complete response. In the case of baccalaureate or master's degree programs, the UBOT may approve termination in accordance with BOG Regulation 8.012, and submit this form to the Board of Governors, Office of Academic and Student Affairs. For doctoral level programs, please submit this form with all appropriate signatures for Board of Governor's consideration. The issues outlined below should be examined by the UBOT when approving program terminations.

1. Provide a narrative rationale for the request to terminate the program.

2.	Indicate on which campus(es) the program is being offered and the extent to which the proposed termination has had or will have an impact on enrollment enrollment planning, and/or the reallocation of resources.
3.	Explain how the university intends to accommodate any students or faculty who are currently active in the program scheduled to be terminated. State what steps have been taken to inform students and faculty of the intent to terminate the program.
4.	Please provide the date when the teach-out plan was submitted to SACSCOC. Include a copy of the notification letter with your submission.
5.	Provide data (and cite sources) on the gender and racial distribution of students in and faculty affiliated with the program. For faculty, also list the rank and tenure status of all affected individuals.

representation of females, minorities, faculty,	
7. If this is a baccalaureate program, please exp College System (FCS) institutions have been students can be notified accordingly.	
Paul R. Peluso	11/30/20
Requestor/Initiator	Date
Signature of Campus EO Officer	Date
Signature of College Dean	Date
Signature of President or Vice President for Academic Affairs	Date
Signature of Chair of the Board of Trustees	Date
Date Approved by the Board of Trustees	