

 <b>FLORIDA ATLANTIC UNIVERSITY</b>	<b>NEW/CHANGE PROGRAM REQUEST Graduate Programs</b>	UGPC Approval _____ UFS Approval _____ Banner Posted _____ Catalog _____
	Department _____ College _____	
<b>Program Name</b>	<b>New Program</b>  <b>Change Program</b>	<b>Effective Date</b> (TERM & YEAR)
<b>Please explain the requested change(s) and offer rationale below or on an attachment</b>        		
<b>Faculty Contact/Email/Phone</b>	<b>Consult and list departments that may be affected by the change(s) and attach documentation</b>	
<b><i>Approved by</i></b> Department Chair _____ College Curriculum Chair _____ College Dean _____ UGPC Chair _____ UGC Chair _____ Graduate College Dean _____ UFS President _____ Provost _____		<b><i>Date</i></b> _____ _____ _____ _____ _____ _____ _____

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