FLORIDA ATLANTIC UNIVERSITY

# NEW/CHANGE PROGRAM REQUEST
## Undergraduate Programs

UUPC Approval _____
UFS Approval _____
Banner _____
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.**

*All new programs and changes to existing programs must be accompanied by a catalog entry showing the new or proposed changes.

**Faculty Contact/Email/Phone**

**Consult and list departments that may be affected by the change(s) and attach documentation**

| ***Approved by*** | ***Date*** |
|---|---|
| Department Chair _____ | _____ |
| College Curriculum Chair _____ | _____ |
| College Dean _____ | _____ |
| UUPC Chair _____ | _____ |
| Undergraduate Studies Dean _____ | _____ |
| UFS President _____ | _____ |
| Provost _____ | _____ |

Email this form and attachments to mjenning@fau.edu seven business days before the UUPC meeting.