FLORIDA ATLANTIC UNIVERSITY

NEW/CHANGE PROGRAM REQUEST
Undergraduate Programs

UUPC 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	***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 one week before the UUPC meeting so that materials may be viewed on the UUPC website prior to the meeting.