

 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 <i>(TERM & YEAR)</i>
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 _____ UUPC Chair _____ Undergraduate Studies Dean _____ UFS President _____ Provost _____			Date _____ _____ _____ _____ _____

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.