

 FLORIDA ATLANTIC UNIVERSITY	NEW/CHANGE PROGRAM REQUEST Undergraduate Programs		UUPC Approval <u>2/24/25</u> 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 Department Chair <u>See support emails</u> College Curriculum Chair <u>Robin Larson</u> College Dean <u>[Signature]</u> UUPC Chair <u>Korey Sorge</u> Undergraduate Studies Dean <u>Dan Meeroff</u> UFS President _____ Provost _____			Date _____ <u>02/19/2025</u> _____ <u>2/19/2025</u> _____ <u>2/24/25</u> _____ <u>2/24/25</u> _____ _____

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