FLORIDA FLORIDA	NEW/CHANGE PROGRAM REQUEST Undergraduate Programs		UUPC Approval UFS Approval Banner Posted
	Department		Catalog
ATLANTIC	_	!	<u> </u>
UNIVERSITY	College		
Program Name		New Program	Effective Date (TERM & YEAR)
		Change Program	
Please explain the requested change(s) and offer rationale below or on an attachment			
Faculty Contact/	Email/Phone	Consult and list departm the change(s) and attach	nents that may be affected by a documentation
Approved by			Date
Department Chair			
College Curriculum Chair			
College Dean			
UUPC Chair ————————————————————————————————————			
Undergraduate Studies Dean			
UFS President			

 $Email\ this\ form\ and\ attachments\ to\ \underline{mjenning@fau.edu}\ one\ week\ before\ the\ UUPC\ meeting\ so\ that\ materials\ may\ be\ viewed\ on\ the\ UUPC\ website\ prior\ to\ the\ meeting.$ 

Provost