<b>6</b>
FLORIDA ATLANTIC UNIVERSITY
UNIVERSITY
Program Name

## **NEW/CHANGE PROGRAM REQUEST**

UGPC Approval \_

	Graduate Programs		Banner	
FLORIDA	Department		Catalog	
ATLANTIC university	College			
	Conlege			
<b>Program Name</b>		New Program*	Effective Date (TERM & YEAR)	
		Change Program*	(TERMICE TERMY	
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 sho  Faculty Contact/Email/Phone  Consult and list departm			ents that may be affected by	
the change(s) and attac				
Approved by			Date	
Department Chair				
College Curriculur	n Chair			
College Dean —				
UGPC Chair —				
UGC Chair —				
Graduate College	Dean			
UFS President				
Provost				

Email this form and attachments to  $\underline{\text{UGPC@fau.edu}}\ 10$  days before the UGPC meeting.