

FLORIDA A&M UNIVERSITY
PROGRAM MODIFICATION ROUTING FORM

[The completed Routing form and accompanying proposal should be forwarded by the Academic Unit Curriculum Committee]

Date: _____

Department Submitting Request: _____

Type of Request: New degree/program [] Curriculum Modification [] New Track []

Proposed listing:

Title: _____

Current listing (modification):

Title: _____

Submitted by: _____ **Date:** _____
Chairperson/ Division Director

Approved by: _____ **Date:** _____
Academic Unit Curriculum Committee

_____ **Date:** _____
Dean Academic Unit

_____ **Date:** _____
Graduate Council (if graduate program modification)

_____ **Date:** _____
Chair, University Curriculum Committee

_____ **Date:** _____
President University Faculty Senate

_____ **Date:** _____
Provost or Designee