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