

New, Revised, or Ending Program Request Form

 The University of New England | Office of the Registrar
 11 Hills Beach Road (Decary Hall, 114) Biddeford, ME 04005
 Phone: (207) 602-2473 | Fax: (207) 602-5927 | Registrar@une.edu

Effective Academic Catalog Year: 2025-2026 2026-2027 2027-2028 other _____

Please complete and attach all required documentation before sending to the Dean's Office.

 For details, refer to the Provost's page under *NEW PROGRAM DEVELOPMENT AND PROGRAM REVISION RESOURCES* (<https://www.une.edu/provost/resources#review>)

 Once approved, scan and email to the Registrar's Office: Registrar@une.edu

Name of New, Revised or Ending Program	
Type of Program	Program/Major: <input type="checkbox"/> Minor: <input type="checkbox"/> Concentration: <input type="checkbox"/>
Status	New: <input type="checkbox"/> Revised: <input type="checkbox"/> Ending: <input type="checkbox"/>
Level of Study	UG: <input type="checkbox"/> Grad: <input type="checkbox"/> Professional: <input type="checkbox"/> Cert: <input type="checkbox"/>
Degree or Cert. Earned (B.A., M.A. ...etc.)	
College	CAS: <input type="checkbox"/> CDM: <input type="checkbox"/> COB: <input type="checkbox"/> COM: <input type="checkbox"/> CPS: <input type="checkbox"/> WCHP: <input type="checkbox"/>
Academic Department/School (if applicable)	
Primary Campus	Biddeford: <input type="checkbox"/> Portland: <input type="checkbox"/> Online: <input type="checkbox"/>
Provide a Copy of the Feasibility Study, Current Catalog Copy, and New Degree Plan (if applicable)	**ATTACH ELECTRONICALLY**
Provide a Copy of the Rationale for Revisions (if revision is less than a 50% curriculum change)	**ATTACH ELECTRONICALLY**
Provide Rationale, Timing, and Teach-out Plan for a Program Closure (if applicable)	**ATTACH ELECTRONICALLY**
This Program has been discussed with: (check all that apply)	Financial Planning: <input type="checkbox"/> Admissions: <input type="checkbox"/> Registrar: <input type="checkbox"/> Student Fin Services: <input type="checkbox"/> ITS: <input type="checkbox"/> SASC: <input type="checkbox"/> Institution. Research: <input type="checkbox"/> Library: <input type="checkbox"/> Facilities: <input type="checkbox"/>

REQUIRED SIGNATURES
Academic Dean _____ **Date** _____

Provost _____ **Date** _____

*If revised and less than 50% curriculum change, Provost signature is not required.

REGISTRAR'S OFFICE ONLY:

College code:	Degree code:	Program code:
Department code:	Major/Minor code:	Concentration code:
CIP code:	Catalog & class year:	Reg initials, date: