

**Please provide the following information when requesting a new major or minor (programs and options) to be added to the curriculum. A code will be assigned by the Office of the Registrar and a copy of this form will be mailed to the appropriate department.**

COLLEGE \_\_\_\_\_ SITE(S) \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CAMPUS(ES) \_\_\_\_\_

PROGRAM TO BE ADDED  Major  Minor  Program/Option/Concentration/Specialization for \_\_\_\_\_ (degree program)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Associate of Arts (A.A.)   | <input type="checkbox"/> Executive Master of Business Administration (E.M.B.A.)    | <input type="checkbox"/> Educational Specialist (Ed.S.) |
| <input type="checkbox"/> Bachelor of Arts (B.A.)    | <input type="checkbox"/> Master of Arts (M.A.)                                     | <input type="checkbox"/> Doctor of Education (Ed.D.)    |
| <input type="checkbox"/> Bachelor of Science (B.S.) | <input type="checkbox"/> Master of Arts in Teaching (M.A.T.)                       | <input type="checkbox"/> Doctor of Philosophy (Ph.D.)   |
|   | <input type="checkbox"/> Master of Business Administration (M.B.A.)                | <input type="checkbox"/> Doctor of Psychology (Psy.D.)  |
|   | <input type="checkbox"/> Master of Education (M.Ed.)                               | <input type="checkbox"/> Graduate Certificate           |
|   | <input type="checkbox"/> Master of Public Administration (M.P.A.)                  |   |
|   | <input type="checkbox"/> Master of Science (M.S.)                                  |   |
|   | <input type="checkbox"/> Master of Science in Aviation (M.S.A.)                    |   |
|   | <input type="checkbox"/> Professional Master of Business Administration (P.M.B.A.) |   |

PROGRAM TITLE *Restricted to 30 characters, including spaces*

\_\_\_\_\_

TERM TO BE INITIATED \_\_\_\_\_ ADVISER FOR NEW PROGRAM \_\_\_\_\_

**ROUTING APPROVALS: 1) Department head/program chair and college dean approve and sign form; 2) Provost approves business plan of the program in terms of financial viability and impact on the university mission, and signs form; 3) Undergraduate Curriculum Committee or Graduate Council approves academics and signs form; 4) Provost gives final approval of program, signs form and forwards to Office of the Registrar.**

1) \_\_\_\_\_ Date  
Department Head/Program Chair

3) \_\_\_\_\_ Date  
Chair, Graduate Council

\_\_\_\_\_  
Dean or Associate Dean Date

OR

2) \_\_\_\_\_ Date  
Provost

\_\_\_\_\_  
Chair, Undergraduate Curriculum Committee Date

4) \_\_\_\_\_ Date  
Provost

### REGISTRAR'S USE ONLY

FSA ATLAS \_\_\_\_\_ SOAXREF \_\_\_\_\_ SMAPRLE \_\_\_\_\_

STVMAJR \_\_\_\_\_ SOACURR \_\_\_\_\_ Major Code Assigned \_\_\_\_\_

SAOXCUR \_\_\_\_\_ CIPC Code \_\_\_\_\_ Operator Initials/Date \_\_\_\_\_

#### DISTRIBUTION

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**Florida Institute of Technology • Office of the Registrar**

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