

**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](mailto:Registrar@une.edu)

<b>Name of New, Revised or Ending Program</b>				
<b>Type of Program</b>	<b>Program/Major:</b> <input type="checkbox"/>	<b>Minor:</b> <input type="checkbox"/>	<b>Concentration:</b> <input type="checkbox"/>	
<b>Status</b>	<b>New:</b> <input type="checkbox"/>	<b>Revised:</b> <input type="checkbox"/>	<b>Ending:</b> <input type="checkbox"/>	
<b>If Revising or Closing a Program:</b> (Check the appropriate option)	<input type="checkbox"/> Make this change effective with the Catalog Year checked above. <i>(This option will apply only to new incoming students)</i>  OR <input type="checkbox"/> This is a retroactive change for All currently matriculated students. <i>(This option requires letters to all matriculated students explaining the curriculum change)</i>			
<b>Level of Study</b>	<b>UG:</b> <input type="checkbox"/>	<b>Grad:</b> <input type="checkbox"/>	<b>Professional:</b> <input type="checkbox"/>	<b>Cert:</b> <input type="checkbox"/>
<b>Degree or Cert. Earned (B.A., M.A. ...etc.)</b>				
<b>College</b>	<b>CAS:</b> <input type="checkbox"/>	<b>CDM:</b> <input type="checkbox"/>	<b>COB:</b> <input type="checkbox"/>	<b>COM:</b> <input type="checkbox"/> <b>CPS:</b> <input type="checkbox"/> <b>WCHP:</b> <input type="checkbox"/>
<b>Academic Department/School (if applicable)</b>				
<b>Primary Campus</b>	<b>Biddeford:</b> <input type="checkbox"/>	<b>Portland:</b> <input type="checkbox"/>	<b>Online:</b> <input type="checkbox"/>	

<b>Provide a Copy of the Feasibility Study, Current Catalog Copy, and New Degree Plan (if applicable)</b>	<b>**ATTACH ELECTRONICALLY**</b>
<b>Provide a Copy of the Rationale for Revisions (if revision is less than a 50% curriculum change)</b>	<b>**ATTACH ELECTRONICALLY**</b>
<b>Provide Rationale, Timing, and Teach-out Plan for a Program Closure (if applicable)</b>	<b>**ATTACH ELECTRONICALLY**</b>
<b>This Program has been discussed with:</b> (check all that apply)	<b>Financial Planning:</b> <input type="checkbox"/> <b>Admissions:</b> <input type="checkbox"/> <b>Registrar:</b> <input type="checkbox"/> <b>Student Fin Services:</b> <input type="checkbox"/> <b>ITS:</b> <input type="checkbox"/> <b>SASC:</b> <input type="checkbox"/> <b>Institution. Research:</b> <input type="checkbox"/> <b>Library:</b> <input type="checkbox"/> <b>Facilities:</b> <input type="checkbox"/>

<b>REQUIRED SIGNATURES</b>	
<b>Academic Dean</b> _____	<b>Date</b> _____
<b>Provost</b> _____	<b>Date</b> _____
*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: