

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"/>	
If Revising or Closing a Program: (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>			
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: