



Return completed form to:  
UNF Faculty Association  
Honors Hall, Bldg 10/Rm 1120  
Phone: (904) 620-2872  
Fax: (904) 620-3884  
E-mail: facassn1@unf.edu

UNF PROGRAM ADDITIONS/CHANGES/DELETIONS  
FORM

*Use the tab key or mouse to complete the form.*

**APC 3**

**Log #** \_\_\_\_\_

**PROGRAM IMPACT (SECTION C)**

1. Does this program addition, change, or termination affect the offerings of other units or programs at UNF?

If yes, affected units include:

[Please provide correspondence from other units indicating their support or opposition to this request.  
Deans of affected units must sign this APC form.]

2. Mark all that apply regarding this request. If you select the first two items, additional APC forms are needed.

Requires creating new course(s) → Submit APC 1 UNF New Course Transmittal Form(s)

Requires changing or terminating course(s) → Submit APC 2 UNF Course Termination or Change Transmittal Form(s)

Requires removal without terminating course(s) → Does not require submitting APC 2 form(s)

3. Check additional resources needed:

New full-time faculty

New part-time faculty

Other personnel

Equipment

Library Support

Technology/Computing Support

Space Requirements

Other

4. For resources checked, please summarize and justify these resource requirements including dollar amounts:

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**APC 3**  
**Log #** \_\_\_\_\_

**REQUIRED SIGNATURES**

Chairperson of Dept.  
Curriculum Committee \_\_\_\_\_ Ext. \_\_\_\_\_ Date \_\_\_\_\_

Chairperson of  
Academic Unit \_\_\_\_\_ Ext. \_\_\_\_\_ Date \_\_\_\_\_

Chairperson of College  
Curriculum Committee \_\_\_\_\_ Ext. \_\_\_\_\_ Date \_\_\_\_\_

Dean of College  
Offering Course \_\_\_\_\_ Ext. \_\_\_\_\_ Date \_\_\_\_\_

**Other Deans or Chairs, as appropriate\*:**

Dean/Chair \_\_\_\_\_ College/  
Committee \_\_\_\_\_ Date \_\_\_\_\_

Dean/Chair \_\_\_\_\_ College/  
Committee \_\_\_\_\_ Date \_\_\_\_\_

Dean/Chair \_\_\_\_\_ College/  
Committee \_\_\_\_\_ Date \_\_\_\_\_

Dean/Chair \_\_\_\_\_ College/  
Committee \_\_\_\_\_ Date \_\_\_\_\_

Graduate Dean \_\_\_\_\_ Date \_\_\_\_\_

\*Graduate Dean must sign for graduate program additions, changes, or terminations.