## **Undergraduate Program Name Change**

Current 1	Program Name:		
Propose 1	Name Change to:		
Co	omplete only if applicable Program named above is: Option within		_
	Minor	egree program name)	
	Certificate		
Please atta	ach the following required documents:		
co	ntionale for Change. Provide as much on the number of the	issues, and titles used at other i	
	ridence of Consultation. Provide evident keholders (staff, community members		students, and other
3. <u>C</u> a	ntalog copy of program.		
	Required	Signatures:	
The Depar	rtment of red and approved this name change:		
Cl	nair, Department Curriculum Committ	ee Date	
De	epartment Chair	Date	
The Colleg	ge of red and approved this name change:		
Cl	nair, College Curriculum Committee	Date	
Co	ollege Dean	Date	

Send completed form to Curriculum Services at zip 128; SSC 464B

Note: The department will be notified of the dates for EPPC, Academic Senate, and, if applicable, WASC and Chancellor's Office review.