

Graduate Program Name Change

Current Program Name:

Propose Name Change to:

Complete only if applicable

Program named above is:

___ Option within _____
(degree program name)

___ Advising Pattern within _____
(option name)

within _____
(degree program name)

___ Certificate

Rationale:

Required Signatures

**The Department of _____
has reviewed and approved this name change**

Chair, Department Curriculum Committee Date

Department Chair Date

**The College of _____
has reviewed and approved this name change**

Chair, College Curriculum Committee Date

College Dean Date

The Graduate Council has reviewed and approved this name change

Dean of Graduate School Date

Send signature page with proposal attached to Curriculum Services at Academic Affairs, zip 110

AA Review Completed _____
Date

Note: Academic Affairs will advertise the proposed name change to the campus community via a Memo Of Intent. The department will be notified of review date (e.g., EPPC/Academic Senate) and number of copies needed when further review(s) required.