

College, Department, or Unit Name Change

Current Name:
Proposed Name:

Complete only if applicable:
Propose Abbreviation to:
Propose Course Subject Abbreviation to:

Rationale for Change (attach additional pages if needed):

Signatures Required

The Department of _____
has reviewed and approved this name change

Department Chair (or unit coordinator, director, etc) Date

The College of _____
has reviewed and approved this name change

College Dean (or chief administrator for unit) Date

Send signature page with proposal attached to Curriculum Services at zip 128

Curriculum Review Completed _____
Date

Note: The department will be notified of EPPC review date.