**ACADEMIC PROGRAM NAME CHANGE JUSTIFICATION FORM**

**Date:**

**Department/Division:**

**School/College/Unit:**

**Proposed Effective Date:**

**PROGRAM NAME CHANGES:**

Current Program Name:

Proposed Program Name:

**PREFIX CHANGES:**

Current Prefix and Name:

Proposed Prefix and Name:

**JUSTIFICATION:**

Attach a justification and rationale for the requested changes, and include any relevant documentation. If this change is in response to an accreditation body, please include that language in the proposal.

NOTE: When the new name is effective, the old name will no longer be available and all students will be moved to the new program name.

**APPROVALS:**

Attach documentation of approval from all involved units.