**ACADEMIC PROGRAM NAME CHANGE**

**Date:**

**Department/Division:**

**School/College/Unit:**

**Proposed Effective Date:**

**PROGRAM NAME CHANGES:**

Current Program Name:

Proposed Program Name:

 **COURSE PREFIX CHANGES:**

Current Course Prefix and Name:

Proposed Course 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.

**LEARNING OUTCOMES:**Describe any changes in program learning outcomes as a result of this change, and the impact this change will have on program graduates.

**PROGRAM OF STUDY:**Provide a side-by-side comparison of the current and proposed programs of study, including all courses along with their associated credit/contact hours and prerequisites. Please note any differences between the programs.

**APPROVALS:**Attach documentation of approval from all involved units.
 *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.*