

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.