



Request To Rename A Department

1. Proposing College / School: []

2. Effective Term: [] 3. Affected CIP Code(s): []

3. Department Name (Current): []

4. Department Name (Proposed): []

5. Rationale for Renaming: (For any of the following, please attach specific information pertaining to the need for renaming (e.g.: similar revisions at peer institutions, accreditation, etc.)) [] Department Merger or Realignment Within College/School [] Accreditation Standards [] Significant Revision to Curricular Focus [] Alignment With Current Standards in Job Market, Academic Field [] Other (Specify via attached memorandum)

6. Affected Program(s): (Respond "N/A" if not included in any program) Table with columns: Program Type (e.g.: minor, major, etc.), Program Title (e.g.: MS in Chemistry, Performance Option, Minor in Art)

Approvals

Department Chair / Head [] Date []
College / School Curriculum Committee [] Date []
College / School Dean [] Date []
Dean of the Graduate School (for Graduate Courses) [] Date []
Assoc. Provost for Undergraduate Studies (for Undergraduate Courses) [] Date []