Please complete all fields. Boxes may be expanded to accommodate longer responses. Clarifying field descriptions can be found below. Should you have any questions or concerns, please email Curricular Affairs.

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| --- |
| **Current Name of Academic Program:**  |
| **Last admit term under current name:**  |
| **Proposed New Name of Academic Program:**  |
| **Preferred First term effective of new name:**  |
| **Academic Department:** The name of the academic department or school in which the program is housed (academic org owner).  |
| **Geographic Site:** The physical site (Tucson-Main, distance campus, etc.) where the program is offered. |
| **Instructional Modality:** The primary modality of the academic program (i.e., online/icourse, hybrid, in person) |
| **Brief Program Description:** A short outline of the content and skills that the program delivered.  |
| **Reason for Renaming the Organizational Unit:**Please briefly explain why the program is being renamed. Include market data/trends if applicable.  |

Department Head/School/Program Director Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head/School/Program Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Associate Dean Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Associate Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_