**NAME CHANGE REQUEST**

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| **Institution:** | Please enter the following dates:  Final approval by institution:  Submission to CSCU Office of the Provost for Academic Council: | | |
| **NOTE:** Use this form if modifying only the name of the program. | | | |
| **Current Program Characteristics**  Name of Program:  OHE #:  Modality of Program *(check all that apply)*:On ground  Online  Hybrid, % of fully online courses  Locality of Program:On Campus  Off Campus  Both  Program Type *(degree type, abbreviation, name, e.g., Associates, AS, Associate of Science)*:  Date Program was Initiated:  Total # Credits in Program:  # Credits in General Education:  [CIP Code Number](https://nces.ed.gov/ipeds/cipcode/default.aspx?y=56):       Title of CIP Code:  Department where program is housed:  Location Offering the Program *(e.g., main campus)*: | | | |
| **Proposed New Name of Program**: | | | |
| **Proposed Date Name Change Becomes Effective:** | | | |
| **Explanation / Justification**  *Provide a concise rationale for the name change request, and discuss any anticipated impact upon the institution, its mission, and its students.* | | | |
| **Programmatic Changes**  *If applicable, provide a concise discussion regarding any programmatic changes to be necessitated by the requested name change.* | | | |
| **Cost and Availability of Adequate Resources**  *If applicable, provide a one paragraph narrative addressing additional cost and resources necessitated by the requested name change.* | | | |
| **Institutional Contact** **for this Proposal**: | | Title: | Tel.:       e-mail: |