**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 [ ]  BothProgram 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:       |