

Name Change Cover Sheet - Undergraduate and Graduate

Date:

Type: Choose type of name change:

College/School/Center

Department

Degree Program

Certificate/Minor

Major/Concentration

CIP Code of degree program

Institution: Purdue

Campus: Fort Wayne

Information to be changed: Please complete information in the current box as applicable to the situation and insert the proposed new name in the following box.

School/College/Center:

Current:

Proposed:

Department:

Current:

Proposed:

Degree Program Name:

Current:

Proposed:

Certificate/Minor:

Current:

Proposed:

Major/Concentration:

Current:

Proposed:

CIP code of degree program:

Current:

Proposed:

Rationale for Change:

Name of person who submitted change:

Contact information (e-mail and phone number):