

Name Change Cover Sheet - Undergraduate and Graduate

Date:

Type: Choose type of name change:

College/School/Center

Department

Degree Program

Certificate/Minor

Major/Track/Concentration/Specialization

CIP Code of degree program

Institution:

Campus:

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/Track/Concentration/Specialization:**

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):