

Name Change Cover Sheet

Date:

Type: Choose type of name change

College/School

Department

Degree Program

Certificate

Major

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 or College:

Current:

Proposed:

Department:

Current:

Proposed:

Degree Program Name:

Current:

Proposed:

Certificate:

Current:

Proposed:

Major:

Current:

Proposed:

CIP code of degree program:

Current:

Proposed:

Reason for change:

Name of person who submitted change:

Contact information (e-mail and phone number):