



**CHANGE OF TITLE FOR DEGREE, DEPARTMENT (A Agenda)
OR MAJOR, MINOR (B Agenda)**

SIGNATURES: If disapproved or approved with reservations, attach rationale for such action.

_____	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
Department Chair	Date		
_____	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
College Curriculum Committee	Date		
_____	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
College Dean(s)	Date		
_____	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
Graduate Dean (graduate courses only)	Date		
_____	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
University Curriculum Committee	Date		
_____	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
University Senate	Date		
_____	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
Vice President for Academic Affairs	Date		

Term: _____ Year: _____ of requested implementation by Department

- 1. Title Change: Degree Department Major/Program Minor Certificate
- 2. College/School _____
- 3. Department _____
- 4. Present Title _____
- 5. Proposed Title _____
- 6. Rationale (be specific). Attach supporting documents, source citations, proposed benefits of changes, etc.