



**Change of Title for Degree, Department (A Agenda)**  
**Or Major, Minor (B Agenda)**

PLEASE COMPLETE AS INDICATED

<b>TITLE CHANGE</b>	<input type="checkbox"/> Degree	<input type="checkbox"/> Department	<input type="checkbox"/> Major/Program	<input type="checkbox"/> Minor	<input type="checkbox"/> Certificate
<b>PRESENT TITLE</b>					
<b>PROPOSED TITLE</b>					
<b>TERM AND YEAR OF REQUESTED IMPLEMENTATION</b>					
<b>COLLEGE:</b>			<b>DEPARTMENT:</b>		
<b>CONTACT PERSON:</b>			<b>PHONE:</b>		
<b>E-MAIL:</b>					

**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		

1. Rationale (be specific). Attach supporting documents, source citations, proposed benefits of changes, etc.