**Request to Rename Academic Program**

Please complete all fields. Boxes may be expanded to accommodate longer responses. Clarifying field descriptions can be found below.

**University:**

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| **Current Name of Academic Program:**  |
| **New Name of Academic Program:**  |
| **Academic Department:**The name of the academic department or unit that primarily administers the academic program. If the renamed program is jointly administered across more than one department, please list the(se) additional department(s). |
| **Geographic Site:**The physical site (campus, extended campus, etc.) or modality where the academic program is primarily delivered or administered.  |
| **Instructional Modality**:The primary modality of the academic program (i.e. immersion, online, hybrid). |
| **Brief Program Description:**A short outline of the content and skills that the program delivered.  |
| **Reason for Renaming the Program:**Please briefly explain why the program is being renamed.  |

Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_