CLA Academic Affairs
Changing the title of a current program
(cover sheet)

Date: Effective fall term for new title *

* If approved, the old program title will be inactivated.
A new code and program title will be created.

Proposed by (printed name):

Signature: ______________________________

Department Head (printed name): Dept:

Signature: ______________________________

Current title:

Proposed title:
Program title (30 character limit):

Rationale for title change:

CLA use only:

CLA Academic Affairs Chair: __________________________ Date: ______________

CLA Dean: __________________________ Date: ______________

CLA AAC, October 2015 pks