**Proposal to Align Program Name with Degree Name**

**DEANS:** Send this completed proposal electronically to the Office of the Provost (**provost.deg.changes@wsu.edu**).

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| --- | --- |
| Current Degree Title: |  |
| Proposed Degree Title: |  |
| Department(s) or Program(s): |  |
| College(s): |  |

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| --- | --- | --- | --- |
| Contact Name: |  | Email Address: |  |
| Contact Phone |  | Proposed effective date: |  |

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| --- |
| Locations affected: |
|  |
| Rationale for aligning program and degree names: |
|  |
| Implications for students: |
|  |
| Responses of current faculty and staff on affected campus(es): |
|  |
| Impact on or responses of other degree programs, departments, colleges or campuses. If no impact, explain how this conclusion was arrived at and who was consulted: |
|  |
| Impact on or responses of other stake holders (e.g., advisory or alumni groups): |
|  |

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| --- | --- |
| The initials typed in this box certify that the person named below has reviewed this proposal:  |  |

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| Chair Name: |  | Date: |  |

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| The initials typed in this box certify that the person named below has reviewed this proposal: |  |

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| Campus VCAA: |  | Date: |  |

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| The initials typed in this box certify that the person named below has reviewed this proposal: |  |

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| Campus VCAA: |  | Date: |  |

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| Campus VCAA: |  | Date: |  |

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| The initials typed in this box certify that the person named below has reviewed this proposal: |  |

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| Dean: |  | Date: |  |

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| Comments: |
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| --- | --- | --- | --- |
| Provost Office Sign: |  | Date: |  |

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| --- |
| Comments: |
|  |

Revised: 9/17/2015

Send completed form to: provost.deg.changes@wsu.edu

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| For Registrar’s Office Use Only: |
| Current CIP Code: |  | New CIP Code: |  | Date: |  |