**Proposal to Rename a Degree Program**

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

|  |  |
| --- | --- |
| Current Degree Title: |  |
| Proposed Degree Title: |  |
|  Academic Program: |  |
|  Academic Plan: |  |
|  Number of Credits: |  |
| Department(s) or Program(s): |  |
| College(s): |  |
| Campus(es)  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name: |  | Email Address: |  |
| Contact Phone: |  | \*Proposed start date: |  |

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| --- |
| Rationale for proposed name change: |
|  |
| Implications for currently enrolled students: |
|  |
| Describe the process by which current faculty and staff were consulted about this change and summarize the response: |
|  |
| Describe the process by which other degree programs, departments, colleges or campuses were consulted about this change and summarize the response: |
|  |
| Describe the process by which other stake holders (e.g., advisory or alumni groups) were consulted about this change and summarize the response: |
|  |

**SIGNATURES: The names typed below certify that the relevant academic and campus officials have reviewed and approved this proposal:**

|  |  |  |  |
| --- | --- | --- | --- |
| Chair Signature: |  | Date: |  |
|  |
| Dean Signature: |  | Date: |  |
|  |
| VP Global Campus  |  | Date: |  |
| → Submit to the Provost’s Office at [provost.deg.changes@wsu.edu](provost.deg.changes%40wsu.edu) |
| Everett Chancellor |  | Date: |  |
|  |  |  |  |
| Spokane Chancellor |  | Date: |  |
|  |
| Tri-Cities VCAA |  | Date: |  |
|  |  |  |  |
| Vancouver VCAA |  | Date |  |
|  |
| Provost Office: |  | Date: |  |

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

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