**Proposal to Rename a Degree Program**

**Proposals will only be accepted electronically as a Word document to the Office of the Provost when submitted to** [**provost.deg.changes@wsu.edu**](mailto: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: |  |

|  |
| --- |
| 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: |
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| Describe the process by which other degree programs, departments, colleges or campuses were consulted about this change and summarize the response. Letters of support regarding the change from respective academic leaders are required. |
|  |
| If applicable, 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 or Director Signature: |  | Date: |  |
|  | | | |
| Dean Signature: |  | Date: |  |
| ***Signatures are required from the Chancellor(s) if the degree will be offered and/or impact the respective campus:*** | | | |
| Everett Chancellor Signature: |  | Date: |  |
|  |  |  |  |
| Global Chancellor Signature: |  | Date: |  |
|  |  |  |  |
| Spokane Chancellor Signature: |  | Date: |  |
|  | | | |
| Tri-Cities Chancellor Signature: |  | Date: |  |
|  |  |  |  |
| Vancouver Chancellor Signature: |  | Date |  |
|  | | | |
| |  | | --- | | Comments regarding abstention of signature(s) | |  |   **Submit completed form as a Word document to the Provost’s Office at** [**provost.deg.changes@wsu.edu**](mailto:provost.deg.changes@wsu.edu) | | | |

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