Please complete all fields. Boxes may be expanded to accommodate longer responses. Clarifying field descriptions can be found below. Should you have any questions or concerns, please email Curricular Affairs.

All changes take effect on July 1st.

|  |
| --- |
| **Current Name of Organizational Unit:**  |
| **Proposed New Name of Academic Unit:**  |
| **Academic Department:**The name of the academic department or college in which the organizational unit is located.  |
| **Geographic Site:**The physical site (Tucson-Main, distance campus, etc.) where the organizational unit is located. |
| **Brief Description:**A short description of the activities that the organizational unit performs. |
| **Reason for Renaming the Organizational Unit:**Please briefly explain why the organizational unit is being renamed. Include market data/trends if applicable.  |

Department Head/School Director Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Head/School Director Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dean/Associate Dean Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Associate Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_