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. Effective date is July 1 of the approval year. Deadline is 12/1 annually.

|  |
| --- |
| **Current Name of Organizational Unit:**  |
| **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 (campus, extended campus, etc.) where the organizational unit is located |
| **Brief Description:**A short outline of the activities that the organizational unit performs |
| **Reason for Renaming the Organizational Unit:**Please briefly explain why the organizational unit is being renamed.  |
| **Transfer Student Consideration:** Please explain how you have planned and evaluated the changes you requested in the context of: * mitigating the complexity of the transfer pathway/curriculum,
* supporting transfer student success,
* ensuring transferability of course work form Arizona community colleges.
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Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Vice Provost for Undergrad Ed Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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