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](mailto:curricular_affairs@list.arizona.edu). 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. |

Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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