**TO:** Provost’s Name

 Provost & Senior Vice President for Academic Affairs

**THROUGH:** Graduate Dean’s Name

 Dean, Graduate School (if appropriate)

**THROUGH:** Dean’s Name

 Dean, College/School

**FROM:** Department Head’s/Chair’s Name

 Head, Department

**DATE:** Click or tap to enter a date.

**SUBJECT:** Preproposal Documentation Degree Program Name Change

We request approval to commence planning the following program name change.

**Program Name Change:**

(1-2 sentences) Clearly note the current degree program name and the proposed new degree program name.

**Justification for Name Change:**

(1 paragraph) Why does the department wish to change the name? Why now?