



Policy A1.5 Academic Actions Notification
Form A1:5C: Name Change of an Existing Concentration

Reporting Schedule Notification Dates:

- _____ May 15 for all actions approved between Jan 1 and April 30
_____ Aug 15 for all actions approved between May 1 and July 31
_____ Jan 15 for all actions approved between Aug 1 and Dec 31

Institution: _____

10 Digit Program CIP Code (XX.XX.XXXX.XX): _____

Academic Program Title: _____ **Degree Designation:** _____

Current Concentration Title: _____

New Concentration Title: _____

Institutional or Governing Board Approval Date (month/year): _____

Implementation Date (month/year): _____

Provide a brief rationale for the concentration name change.

Chief Academic Officer Signature (electronic signature acceptable)

Date