LETTER OF NOTIFICATION – 1

NAME CHANGE OF EXISTING CERTIFICATE, DEGREE, MAJOR, OPTION, MINOR, OR ORGANIZATIONAL UNIT

(No change in curriculum, emphasis, or organizational structure)

1. Institution submitting request

University of Central Arkansas

2. Contact person/title

Jonathan A. Glenn

Associate Provost

3. Phone number/e-mail address

(501) 450-3126

jona@uca.edu

4. Proposed effective date

5. Current title of degree/certificate program

6. Current title of major or option

7. Current title of organizational unit

8. Proposed title of degree/certificate program

9. Proposed title of major or option

10. Proposed title of organizational unit

11. CIP code

12. Degree code

13. Reason for proposed action

|  |  |
| --- | --- |
| President/Chancellor Approval Date: |  |

|  |  |
| --- | --- |
| Board of Trustees Notification Date: |  |

|  |  |  |
| --- | --- | --- |
| Chief Academic Officer: |  |  |
|  | signature | date |

[UCA form updated 2017-08-31]