LETTER OF NOTIFICATION – 1

NAME CHANGE OF EXISTING CERTIFICATE, DEGREE, MAJOR, OPTION

OR ORGANIZATIONAL UNIT

(No change in program curriculum, option/emphasis/concentration or organizational structure)

* 1. Institution submitting request: University of Arkansas Fayetteville
  2. Contact person/title: Dr. Terry Martin, Vice Provost for Academic Affairs
  3. Phone number/e-mail address: (479) 575-2151/tmartin@uark.edu
  4. Proposed effective date:
  5. Current title of degree/certificate program:
  6. Current title of major or option/emphasis/concentration:
  7. Current title of organizational unit:
  8. Proposed name of certificate/degree:
  9. Proposed name of major or option/emphasis/concentration:
  10. Proposed name of organizational unit:
  11. Program CIP Code:
  12. Degree/Department Code:
  13. Reason for proposed action:
  14. Semester credit hours for proposed major or option/emphasis/concentration:
  15. Provide the curriculum/credit hours for the certificate/degree/major/option/emphasis/concentration listed above.
  16. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer: Date: