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: