**The University of Alabama**

**Concentration or Certificate Name Change**

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| --- | --- |
| **College:** | |
| **Department:** | |
| |  |  | | --- | --- | | **Contact Person:** | | |  | **Title:** | |  | **Email:** | |  | **Telephone:** | | |
|  |  |
| **Date Proposal Submitted:** | |
| **Proposed Implementation Date:** | |
| **Delivery Format:** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Concentration or Certificate** | **Original ACHE Approval Date** | **Program Title and Degree**  **[Ex: Biology (BS)]** | **CIP Code** | **Date New Name Will Become Effective** |
| Current Name |  |  |  |  |
| Proposed Name |  |  |  |  |

* Provide a brief statement explaining the justification of the name change. In addition, include a brief statement that the concentration or certificate’s curricular requirements will remain unchanged.

Please have the completed proposal signed by the following and return the proposal to Ginger Bishop, Director of Institutional Effectiveness, 222 East Annex, Box 870166, [vabishop@ua.edu](mailto:vabishop@ua.edu), 348.7125.

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| **Department Chair:** |
| **College Dean:** |
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