

**REQUEST FOR GRADUATE CERTIFICATE\* PROGRAM NAME CHANGE**

**Department/School:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current Title of Graduate Certificate:**

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**Attachment:** Summary of proposed action, including current title, new title, rationale for change, impact of change, etc. (See "Request for Approval of a Program Name Change," *Curriculum Proposal Guidelines and Procedures*, Graduate Curriculum Committee.)

*See Attachment*

\*Graduate Certificates: 9-17 credit hours.

**Routing and Action Summary:**

1.	_____	_____
	Department/School Curriculum Committee Chair	Date Approved
2.	_____	_____
	Department Chair/School Director	Date Approved
3.	_____	_____
	College Dean	Date Approved
4.	_____	_____
	Graduate School	Date Approved