

The University of Louisiana at Lafayette shall use the information provided in this template to notify the Louisiana Board of Regents of requested revisions to existing Academic Programs per Academic Affairs Policy 2.17: Staff Approval of Routine Academic Requests. Additional documents may be attached.

Once approved by Department Head/Director/Chair and Academic Dean, email form to academicprograms@louisiana.edu.

Request to Change the Name/Designation of an Existing Academic Unit

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What type of name ch	ange is being made?		
College	Department/School	Center	
What is the reason for	r the request? (provide j	ustification and details supporting the request)	
Provide the name of t	he <u>CURRENT</u> Academic	: Unit.	
Provide the name of t	he <u>NEW</u> Academic Unit.		
Implementation Date:	(MM/YYYY)		
	, ,		
MM YYYY			
End Date (if applicable	e): <i>(MM/YYYY)</i>		
MM YYYY			
Provide contact inform	mation of the person wh	o can answer specific questions about the program.	
Name:		Title:	
Phone:		Email:	
APPROVALS			
Department Head/Director	C/Chair Date	Comments	
Academic Dean	Date	Comments	
Office of Academic Progra	nms Date	Comments	
VP of Academic Affairs, Institutional Effectiveness	Date	Comments	
Provost	Date	Comments	
<u> </u>		Comments	