

Southern Illinois University Edwardsville
Request for Name Change for Academic Department or Unit - Form 95 A

Requesting Name Change:

Department/Unit (if applicable): _____

School/College (if applicable): _____

Contact name person: _____ Email: _____ Phone: _____

Nature of Change is: (Check which one that applies):

a. ____ Change in Department /Unit name

b. ____ Change in College/School name

1) Narrative (including rationale for proposed name change)

2). Evidence of support: Results of addressing items a – e in the policy. Discuss impact of name change on CIP codes of programs in this section.

3). Summary of one-hour open meeting for public comment

4) Brief description of changes in catalog copy. Attach (i) a copy of the old catalog description, (ii) a tracked changes version of the new catalog description, and (iii) a clean copy of the new catalog description.

5) Signed letters of support/collate from: (Check all that are included)

- a. For Department/Unit Name Change: Chairpersons of the other Departments within the School/College (2/3 majority required)
- b. For School/College Name Change: Deans of the other Schools/College (2/3 majority required)
- c. OIR
- d. RME
- e. Other identified potentially affected departments/units

6) Approved:	Date
Department Chairperson (s):	_____
Dean of College/School (s):	_____
Dean of Graduate School (if applicable):	_____
Rules and Procedures Chair:	_____
Provost:	_____
Chancellor:	_____

The original of this form will be retained in the Office of the Provost. Copies of forms for Graduate programs will be retained in the Graduate School. No other routine copies will be made.

7) Effective Date: The effective date of proposed changes shall be determined in accordance with Policy 108: Annual implementation and Administrative Responsibility Policy.