**Request type:** Choose an item.

**Institution:** Choose an item.

**Proposed effective date of change:** Click or tap to enter a date.

**Degree Level:**

**Degree Designation Abbreviation (e.g. MA):**

**Degree Designation and Title (e.g. Master of Arts in Psychology):**

**Degree Program CIP Code:**

**CIP Code Name:**

**Administrative Unit (e.g. Department of Biology):**

If “funding change” or “other” request

Does the proposed change affect a doctoral or professional degree program that was approved by the Board at a THECB quarterly meeting after September 1, 2023?

[ ]  Yes

[ ]  No

**Proposal Contact Information:**

**Name:**

**Title:**

**Email:**

**Phone:**

**Certification of Accuracy**

[ ]  I certify that all information provided in this form is true, accurate and complete.

Degree Designation or Title Changes

New degree program designation (if applicable):

New degree program title (if applicable):

Provide a brief summary of the rationale for the title and/or designation change request, including any curricular or discipline-based changes.

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Provost/Chief Academic Officer Date