**CHANGE REQUEST FORM**

**DEGREE TITLE CHANGE**

CCGS member institutions must use this form to request degree title changes for previously approved graduate programs. Change requests must be submitted through the institution’s CCGS representative. In order to ensure sufficient time for review, please submit all requests **at least four weeks prior to an** [**upcoming meeting**](https://www.ohiohighered.org/racgs/meetings) **of the CCGS**. Documents may be submitted as PDF or Microsoft Office documents (e.g., Word or Excel).

**Date of submission:**

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**Name of institution:**

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**Primary institutional contact for this request:**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Phone number |  |
| E-mail |  |

**Previously approved title:**

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**Proposed new title:**

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**Date that the request received final approval from the appropriate institutional committee:**

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**Proposed implementation date:**

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**Educator Preparation Programs:**

*Indicate whether the program that is being retitled leads to educator preparation licenses or endorsements.*

Licensure *Yes/No*

Endorsement *Yes/No*

**Please provide the following information:**

1. *Rationale for title change.*
2. *Describe how the title change will affect students in the current program.*
3. *Are there any administrative, curricular, faculty or support service changes occurring along with the title change? If “yes,” please describe.*
4. *Have the appropriate accreditation agencies been informed of the proposed change (if applicable)?*

The person listed below verifies that this request has received the necessary institutional approvals and that the above information is truthful and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Chief Academic Officer or Delegate – e.g., Graduate Dean)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name & Title

Date of Approval