**FORM G**

**BOARD OF REGENTS, STATE OF IOWA**

**PROPOSAL FOR PROGRAM/DEPARTMENT NAME CHANGE**

Institution: \_\_\_\_\_\_\_\_­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Title of Program/Department: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Title of Program/Department: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate date to implement changes: Month \_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_

Contact person: (name, telephone, and e-mail) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please do not use acronyms without defining them.**

1. Describe reasons (justification) for the proposed changes.
2. How will the proposed change affect current students?
3. If relevant, have accreditation requirements been addressed?
4. If relevant, describe program configuration changes that will accompany the proposed program or department name change, e.g., change in number of credit hours required, faculty appointments, etc.
5. If relevant, identify resources that will be needed in connection with the proposed program or department name change, e.g., facilities, faculty, funds, etc.
6. Is this intended to be a temporary or permanent change? If temporary, for how long?