Texas Higher Education Coordinating Board

Existing Degree Program
Title Change Request

Directions: Complete this form to request a change to the title (name) of an existing degree program. The degree program must already be on an institution’s program inventory. A degree program title consists of the following two parts:

1) degree designation, such as Bachelor of Science (BS), Master of Arts (MA), or Doctor of Philosophy (PhD); and,
2) name of the discipline, such as History, Mechanical Engineering, or Zoology.

*NOTE: This form requires the signature of the Provost or Chief Academic Officer.*

Submit the *Degree Program Title Change Request* via the Online Submission Portal: [https://www1.thecb.state.tx.us/apps/proposals/](https://www1.thecb.state.tx.us/apps/proposals/)

Information: Contact the Division of Academic Quality and Workforce at 512/427-6200.

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### Administrative Information

1. **Institution:**

2. **Current Degree Program Title** – *Show how the program appears on the Coordinating Board’s approval letter (e.g., Bachelor of Business Administration degree with a major in Accounting):*

3. **Degree Program CIP Code:**

4. **Contact Person:** *Provide contact information for the person who can answer specific questions about the degree program.*

   - **Name:**  
   - **Title:**  
   - **E-mail:**  
   - **Phone:**
Request for Change in Degree Program Designation (e.g., Bachelor of Science (BS), Master of Arts (MA), or Doctor of Philosophy (PhD))

Current Degree Program Designation:

Proposed Degree Program Designation:

Implementation Date (MM/DD/YYYY):

Reason for Change:
Describe why this change would be beneficial to students and/or the degree program.

Request Change in Name of Discipline (e.g., History, Mechanical Engineering, or Zoology)

Current Name:

Proposed Name:

Implementation Date (MM/DD/YYYY):

Reason for Change:
Describe why this change would be beneficial to students and/or the program.

Signature of Compliance

I hereby certify that all of the above changes have been approved in accordance with the procedures required by my institution, system office, and Board of Regents, as applicable.

_______________________________________                          __________________
 Provost/Chief Academic Officer                          Date