CHANGE REQUEST FORM
NAME CHANGE

Use this form to notify the Chancellor of name changes to existing authorized programs. For name change requests, Name change requests are intended only to change a name on an existing program. The previous name should then no longer be valid after the new name becomes effective.

All requests should be submitted to Matt Exline, director of program approval operations at mexline@highered.ohio.gov. Documents may be submitted as Microsoft Office documents (e.g., Word or Excel) or as PDF documents.

Please submit your request **at least 60 days before the proposed change is to be implemented**. The institution will be notified that the request was received and assigned an institutional mentor within seven business days of submitting its request. The institutional mentor will contact the individual listed on the form to discuss the request.

Date of submission:

Name of institution:

Primary institutional contact for this request:

Name	
Title	
Phone number	
E-mail	

Previously approved title:

Proposed new title:

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

Proposed implementation date:

Educator Preparation Programs:
Indicate whether the program that is being renamed leads to educator preparation licenses or endorsements.

Licensure   *Yes/No*
Endorsement   *Yes/No*

1. *Rationale for name change.*

2. *Describe how the name change will affect students in the current program.*

3. *Are there any administrative, curricular, faculty, or support service changes occurring along with the name change?   If "yes," please describe.*

4. *Have the appropriate accreditation agencies been informed of the proposed change (if applicable)?*

(*Insert name of the institution*) verifies that the information in this request is truthful and accurate.

Respectfully,

Signature of the institution's Chief Presiding or Chief Academic Officer

(Insert name and title of the chief presiding or chief academic officer)