



# OFFICE OF THE **PROVOST**

TEXAS TECH

## *THECB Submission Form*

### Program Changes – Administrative Unit Change

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

*The information collected will be submitted directly to THECB by the Office of the Provost.*

### **General Information**

1.) Institution:

- ☐ Texas Tech University
- ☐ Texas Tech School of Veterinary Medicine
- ☐ Texas Tech School of Law

2.) Degree Level

- ☐ Bachelor's
- ☐ Master's
- ☐ Doctoral
- ☐ Professional

3.) Degree Designation Abbreviation (e.g., M.A.) \_\_\_\_\_

4.) Degree Designation Description (e.g., Master of Arts)

5.) Degree Program Title (e.g., Psychology) \_\_\_\_\_

6.) Degree Program CIP Code \_\_\_\_\_

7.) Administrative Unit (e.g., Department of Biology) \_\_\_\_\_

8.) Proposed Effective Date of Change \_\_\_\_\_

## Administrative Unit Change

*Leave blank if not applicable*

1. Provide a description below of the administrative change being requested.