



# OFFICE OF THE **PROVOST**

TEXAS TECH

## *THECB Submission Form*

### Program Changes – Degree Title or Designation

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 \_\_\_\_\_

## **Degree Title or Designation Change**

1. New degree program title (if applicable):  

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2. New degree program designation (if applicable):  

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3. Please provide a brief summary of the rationale for the title and/or designation change request, including any curricular or discipline-based changes.