University of Connecticut

Subject Area Processing Form

Requesters Information:

Name (and title): _____

Department, Institute, Program: _____

School/College:_____

Phone: _____ email: _____

To establish a new Subject Area:

Requested Name: _____ (*Up to 30 characters*)

Requested Abbreviation: _____ *(4 characters)*

Requested Activation Year and Term: _____

To change the name of a Subject Area:

Present Name: _____

Requested New Name: _____ (*Up to 30 characters*)

Requested Activation Year and Term: _____

To inactivate a Subject Area:

Present Name: _____

Requested Deactivation Date: _____

Approval Signatures:

_____ _____

Department Head Date

_____ _____

Dean Date

_____ _____

Vice Provost for Undergraduate Education **Date**

Note: Enclose any supporting documentation regarding this request, such as meeting minutes from the School/College indicating the approval of the requested change.

cc: Registrar
OIR