Proposal Template: Program/Specialization Name Change

This template is for proposals to change the name of a ministry-approved program or specialization.

Name change proposals for degree programs are typically subject to review by the Campus Alberta Quality Council.

Institutions should:

* ensure that submission content is concise. Any additional information may be appended; and
* ensure that applicable supporting documents are attached to the proposal

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| **SECTION A: PROPOSAL INFORMATION** |

**Basic Information** *(Complete the table below)*

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| **Institution** |  |
| **Current Program Name** |  |
| **Current Specialization Name** |  |
| **Credential Awarded** |  |
| **Proposed Implementation Date** |  |

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| 1. **Proposed New Name** *(Answer the following questions)* | |
| 1. Specify the new name that is being proposed. | |
| 1. Specify if the new name is for a program or a specialization within a program? | Program  Specialization |
| **Reviewer’s Comment:** | |
| 1. **Rationale for Proposed New Name** *(Answer the following questions)* | |
| 1. Describe the rationale for the proposed name change. | |
| 1. Is comparable nomenclature used for similar programs/specializations offered across the Alberta Adult Learning System and, where relevant, in other jurisdictions? | |
| **Reviewer’s Comment:** | |

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| **SECTION B: SYSTEM IMPACT** |

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| 1. **Impact on Learners** *(Answer the following questions)* | |
| 1. Were students consulted regarding this proposed name change? If so, what was the feedback received as a result of this consultation? | |
| 1. Describe benefits for students of proposed new name. | |
| 1. Describe plans to accommodate active students who may wish to graduate with the previously approved name. | |
| 1. Describe plans to accommodate previous graduates who may request to exchange their parchment for one with the new program or specialization name. | |
| **Reviewer’s Comment:** | |
| 1. **Potential Risks***.* | |
| 1. Identify the potential risks associated with implementing the name change, if any, and your institution’s risk mitigation strategies. | |
| **Reviewer’s Comment:** | |
| 1. **Consultation/Collaboration (Answer the following questions)** | |
| 1. Identify which stakeholder groups, if any, were consulted: | |
| Faculty  Advisory committee  Regulatory bodies/professional associations | Employers  Other (please identify) |
| 1. Summarize feedback received including anticipated impacts on stakeholders. | |
| **Reviewer’s Comment:** | |
| 1. **Communication** | |
| 1. Describe how information about the name change will be communicated to students and applicants | |
| **Reviewer’s Comment:** | |

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| **SECTION C: INSTITUTIONAL AND REGULATORY APPROVAL/SUPPORT** |

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| 1. **Proposed New Name** *(Answer the following questions)* |
| 1. Provide specific information about which internal governance body approved this proposed name change and the date of approval. |
| 1. If applicable, describe authorization/endorsement(s) from relevant professional organizations, regulatory bodies, and/or advisory committees. |
| **Reviewer’s Comment:** |

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| **RECOMMENDATION (FOR DEPARTMENT USE)** |
| **Do Any Issues or Information Gap Remain?** |
| **Recommendation(s):** |
| **Rationale for Recommendation:** |
| **Reviewer(s):** |
| **Date Completed:** |