

Briefly describe the proposed change and rationale for the change:

Changing the name of the concentration for this degree from Biomedical Sciences to Medical Microbiology will help to distinguish it from our other Biological Sciences (Biomedical Sciences) degree. We also find the Medical Microbiology concentration name to be more compelling for students who are interested in pursuing medical-related careers after their undergraduate education. We expect that this name change will be attractive to students who are also considering pre-health related degrees at other competing institutions.

Discuss the impact of this change on current students and/or enrollment:

The content of the degree is not changing, so current students will have the new concentration name without any changes to their course work.

DEAN APPROVAL(S)

This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation of the proposed name change.

College/School/Division Dean name:

Signature:  Date: 1/11/2016

College/School/Division Dean name:
(if more than one college involved)

Signature:  Date: 3/23/2016

Note: An electronic signature, an email from the dean or dean's designee, or a PDF of the signed signature page is acceptable.

University Approval(s)

Graduate Education (if applicable)

Name: _____

Signature: _____ Date: / /20

Office of the University Provost

Name: _____

Signature: _____ Date: / /20