

**Board of Higher Education Forms – now called Department of Higher Education:**

**MASSACHUSETTS BOARD OF HIGHER EDUCATION  
ONE ASHBURTON PLACE, ROOM 1401, BOSTON, MA 02108**

**Request to Retitle Degree Program – University of Massachusetts**

Date of Submission:	
Campus:	
Current Degree Title:	
Current CIP Code:	
Proposed Degree Title:	
Proposed CIP Code:	
Rationale for Retitle Request:	
Curriculum Changes:	
Date of President's Approval:	
Contact Name and Title:	
Contact Email Address:	
Contact Phone:	

Please E-mail to:

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