LETTER OF NOTIFICATION – 1

NAME CHANGE OF EXISTING CERTIFICATE, DEGREE, MAJOR, OPTION

OR ORGANIZATIONAL UNIT

(No change in program curriculum, option/emphasis/concentration or organizational structure)

* 1. Institution submitting request: **Arkansas State University**
  2. Contact person/title: **Russell Jones/Chair of CIT**
  3. Phone number/e-mail address: **(870) 972-3416**
  4. Proposed effective date: **August 16, 2016**
  5. Current title of degree/certificate program: **Certificate in Business Information Systems**
  6. Current title of major or option/emphasis/concentration:
  7. Current title of organizational unit:
  8. Proposed name of certificate/degree: **Certificate in Information Technology**
  9. Proposed name of major or option/emphasis/concentration:
  10. Proposed name of organizational unit:
  11. Program CIP Code: **11.02**
  12. Degree/Department Code:
  13. Reason for proposed action: **New name better reflects course content of certificate**
  14. Semester credit hours for proposed major or option/emphasis/concentration: **24**
  15. Provide the curriculum/credit hours for the certificate/degree/major/option/emphasis/concentration listed above.

**ENG 1003 – English Composition I**

**ENG 1013 – English Composition II**

**ACCT 2033 – Introduction to Financial Accounting**

**ACCT 2133 – Introduction to Managerial Accounting**

**CIT 2033 – Programming Fundamentals**

**CIT 2523 – Telecommunications and Networking Essentials**

**6 hours of approved COB Electives**

* 1. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer: Date: