

**University of Connecticut
Subject Area Processing Form**

Requester's Information:

Name (and title): _____
Department: _____
School/College: _____
Phone: _____ Email: _____

To establish a new subject area:

Requested Name: _____ (up to 30 characters)
Requested Abbreviation: _____ (4 characters)
Requested Activation Date: _____

If approval is completed January – May: Fall Semester Activation Date
If approval is completed June – December: Spring Semester Activation Date

To change the name of Subject Area:

Present Name: _____
Requested New Name: _____ (up to 30 characters)

Changes will have a May 1 activation date, following complete approval by December 31 of the previous year, unless a delayed activation date is requested.

Delayed Activation Date: _____

To inactivate a Subject Area:

Present Name: _____

Approval Signatures:

_____ Department Head	_____ Date	_____ Dean	_____ Date
_____ Provost's Office	_____ 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