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