ATTACHMENT 5A-1

LETTER OF NOTIFICATION - 1

NAME CHANGE OF EXISTING CERTIFICATE, DEGREE, MAJOR, OPTION OR ORGANIZATIONAL UNIT

(No change in curriculum, emphasis, or organizational structure)

| 1. Institution submitting request: University of Arkansa | S |
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| 2. Contact person/title: Sharon Gaber / Provost and V | ce-Chancellor for Academic Affairs |
| 3. Phone number/e-mail address: 479-575-5459/sabe | r@uark.edu |
| 4. Proposed effective date: Fall 2013 | |
| 5. Current title of degree/certificate program: MED, Wo | rkforce Development Education |
| 6. Current title of major or option: Master of Education | |
| 7. Current title of organizational unit: Workforce Devel | opment Education |
| 8. Proposed name of certificate/degree: Human Resou | rce and Workforce Development Education |
| 9. Proposed name of major or option: no change | |
| 10.Proposed name of organizational unit: Human Reso | urce and Workforce Development Education |
| 11.CIP Code: 52.1005 | |
| 12.Degree Code: 5901 | |
| 13. Reason for proposed action: Since the Adult Educa and moved from WDED, WDED needs to reflect the Human Resource and Workforce Development Education affect any other program. The name change reflects | name of the current single concentration, cation (HRWD). This name change does not |
| President/Chancellor Approval Date: | |
| Board of Trustees Notification Date: | |
| Chief Academic Officer: | Date: |