ATTACHMENT 1B-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 Arkansas

| . . | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 2. Contact person/title: Dr. Sharon L. Gaber, Provos | |
| 3. Phone number/e-mail address: 479-575-5459/ sgaber@uark.edu | |
| 4. Proposed effective date: Fall 2012 | |
| 5. Current title of degree/certificate program: Elementa | ry Education |
| 6. Current title of major or option: Master of Education (M.Ed.) | |
| 7. Current title of organizational unit: Department of C | Curriculum and Instruction |
| 8. Proposed name of certificate/degree: Curriculum a | nd Instruction |
| 9. Proposed name of major or option: No Change | |
| 10. Proposed name of organizational unit: No Change | |
| 11.CIP Code: 13.0301 | |
| 12. Degree Code: 5680 | |
| 13. Reason for proposed action: The faculty of the Dependeristing name of the MED ELED to be overly narrow degree name to M. Ed. in CIED to designate a | |
| President/Chancellor Approval Date: | |
| Board of Trustees Notification Date: | |
| Chief Academic Officer: | Date: |