## Routing for On-Campus Approval of Degree Program Actions

**Type of Action:** Enter "X" for Action Type(s) and list Title and Prefix(s) as indicated

_____ New Degree Program — Proposed Program Title _**Human Factors and Applied Cognition**__

_____ New Certificate Program — Proposed Certificate Program Title_____

_____ New Minor Program — Proposed Minor Program Title_____

__x__ Change in Concentration Title — Current Degree Program Title __ **Human Factors and Ergonomics** __

Specialty Area

_____ Change in Certificate Program Title — Current Certificate Program Title_____

Proposed Certificate Program Title_____

_____ Change in Minor Program Title — Current Minor Program Title _____

Proposed Minor Program Title _____

_____ Change in Course Prefix — Current Course Prefix _____ Proposed Course Prefix_____

_____ Program Discontinuation

Proposed Effective Date __**8/1/16**_____Program Contact: ___**Anne McLaughlin (acmclaug@ncsu.edu)**_____

Proposed CIP Code (see https://nces.ed.gov/ipeds/cipcode/default.aspx?y=55):_____

**Routing of Action:** Indicate date when the following occurs

***Completed Appendix A and 1-page Concept Paper***

_____ Council of Dean's- Approval to Plan

***Completed Proposal***

✓ Department Head endorses*

✓ College Curriculum Committee (undergraduate or graduate) recommends*

✓ College Dean endorses*

***Proposal moves to Undergraduate or Graduate office for routing***

_____ Recommended by Vice Provost, DELTA, if applies*

_____ Substantive Change Review Team (SCRT) informed

_____If SACS notification is required, SCRT prepares letter for Chancellor to send to SACS

_____ University Courses & Curriculum Committee **or** Administrative Board of the Graduate School recommends

_____ Associate Deans Council **or** Graduate Operations Council informed

_____ Dean (Graduate School or DASA) approves*

***Proposal move to the Provost's office for routing***

N/A Vice-Provosts informed

_____ Deans' Council recommends*

_____ Provost approves*

_____ Chancellor's Executive Officer's (EOM) recommend

_____ University Council informed

_____ Board of Trustees subcommittees recommend

_____ Chancellor approves*

_____ Accreditation Liaison notifies SACS, if applicable

_____ Submitted to UNC-General Administration by Provost's Office

* Signature is required on the signature page for the action

**Explanation of Requested Title Change**

We desire to change our program name within the Department of Psychology from Human Factors and Ergonomics to Human Factors and Applied Cognition to better reflect the research contributions of our faculty. The term ergonomics is generally understood by the layperson to be the study of human interaction with physical objects, such as door handles and chairs. The research in our area is much more cognitively oriented than the term ergonomics implies, including the study of intelligent tutoring systems, cognitive training for older persons, and the intersection of driving safety and age. We believe the term "applied cognition" better captures our work and the makeup of our faculty.

All students currently in the program will be able to complete their degree under the old program title. If they wish to change, they may do so. All students who enter the program after the name change takes effect will be required to be under the new program title. Once the current students have all graduated, the old program name will disappear.

Title Change for PhD Program Area in Psychology
**North Carolina State University**

This request has been reviewed and approved by the appropriate campus committees and authorities.

**Endorsed By:**

Douglas J. Gillan 11/4/15
Head, Department/Director of Graduate Program (Printed Name and Signature) Date

**Recommended By:**

J Scott Despain 1/21/16
Chair, College Graduate Studies Committee (Printed Name and Signature) Date

**Endorsed By:**

Deanna Dannels 1/20/16
College Dean (Printed Name and Signature) Date

**Recommended By:**

Vice Provost, DELTA (if DE degree) (Printed Name and Signature) Date

**Approved By:**

Dean of the Graduate School (Printed Name and Signature) Date

**Recommended By:**

Dean's Council (Printed Name and Signature) Date

**Approved By:**

Provost (Printed Name and Signature) Date

**Approved By:**

Chancellor (Printed Name and Signature) Date

(revised August 2015)