

# **PROPOSAL TO DISESTABLISH AN ACADEMIC PROGRAM (Degree, concentration, certificate, minor)**

This template is to be used for proposed disestablishments included on the Academic Plan and for which the unit has received specific written approval from the Office of the University Provost to proceed with internal proposal development and review. This proposal template should be completed and submitted by the Dean's Office to the Office of the University Provost [mailto: curriculumplanning@asu.edu]. The disestablishment <u>may not</u> be implemented until the Office of the University Provost notifies the academic unit that the disestablishment proposal has completed the approval process.

| UNIT AND PROGR  | AM INFORMA   | ATION               |                   |                     |             |     |  |  |  |
|---|--------------|---------------------|-------------------|---------------------|-------------|-----|--|--|--|
| College/School/Institute:                                   |              | College of Let      | tters and Science | S                   |             |     |  |  |  |
| Department/Division/School:                                 |              |                     |                   |                     |             |     |  |  |  |
| <b>Proposing Faculty Group</b><br>( <i>if applicable</i> ): |              |                     |                   |                     |             |     |  |  |  |
| Proposal Contact  |              |                     |                   |                     |             |     |  |  |  |
| Name:   | Ian Moulton  |                     | Title:            | Faculty Head        |             |     |  |  |  |
| Phone number:   | 480-727-1172 |                     | Email:            | ian.moulton@asu.    | edu         |     |  |  |  |
| Existing Program In   | formation    |                     |                   |                     |             |     |  |  |  |
| Program Type:   | ioi mation   | Certificate         | Academic Lev      | el:                 | Undergradua | ate |  |  |  |
| Degree Type: Certificate If other specify                   |              |                     |                   |                     |             |     |  |  |  |
|   | Name:        | History and Culture |                   | Concentration (if a | ıpplicable) | ( ) |  |  |  |
| Proposed Program  | Name         |                     |                   |                     |             |     |  |  |  |
|   | Name:        |                     | Concentratio      | on (if applicable)  | ( )         |     |  |  |  |
|   |              |                     |                   |                     |             |     |  |  |  |

# **Plan code(s) for the program:**

If this is a degree program that has multiple concentrations, list all program names and plan codes impacted. ECHTYUERT

**Implementation information:** Degree Search is our official record of the academic catalog. Therefore, all academic programs which are active and have students enrolled are required to be listed on Degree Search. Upon request by the Dean's Office, an academic program can be removed from the undergraduate or graduate application; however, the program will remain in degree search with the notation "This program is no longer accepting applications," until the approved effective date of the disestablishment.

# Requested effective date: 2016-17

Select the catalog year for which students can begin applying into this program with the new name. Note:

- 1. Name changes can only be implemented so as to be effective for a fall semester.
- 2. All existing and continuing students will be moved to the new name.
- 3. Students who complete the degree requirements prior to the fall effective date graduate under the old name.

# Briefly describe the rationale for disestablishment:

Accompanying BA was disestablished in 2011. Certificate no longer required.

#### Impact on other existing programs:

May include availability of course content for students in other majors who may need it; other. None



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# Impact on current students:

Estimate number of students still enrolled; anticipated date of last graduates; arrangements for continuing students and students in articulated transfer pathways (e.g., MAPP, TAG).

None enrolled.

### **Applications:**

What term should applications close? If this change should be made immediately upon approval, please indicate this. Please note that the program will remain on Degree Search until such a time that no students remain enrolled in the program. Fall 2015

# **Current applicants:**

Describe actions that will be taken regarding admitted students or students who have applied to this program? If current applicants should be moved to a new program, please indicate the plan code of that program.

No current applicants

### **Additional information:**

Provide any relevant information not required above that will assist in evaluating the proposal.

| DEAN APPROVAL(S)   |            |            |  |  |  |  |  |
|--|------------|------------|--|--|--|--|--|
| This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation of the proposed organizational change. |            |            |  |  |  |  |  |
|  | Duane Roen |            |  |  |  |  |  |
| Signature _  | Date:      | 6/16 /2015 |  |  |  |  |  |
| <b>College/School/Division Dean name:</b> ( <i>if more than one college involved</i> )   |            |            |  |  |  |  |  |
| Signature _  | Date:      | / /20      |  |  |  |  |  |