

This template is to be used for proposed name changes included on the Academic Plan and for which the unit has received specific written approval from the Provost's office to proceed with internal proposal development and review. A separate proposal must be submitted for each individual name change. The proposal template should be completed and submitted by the Dean's Office to the University Provost's Office [[mailto: curriculumplanning@asu.edu](mailto:curriculumplanning@asu.edu)]. The name change **may not** be implemented until the Provost's Office notifies the academic unit that the name change proposal has completed the approval process.

College/School/Institute: W. P. Carey School of Business
Department/Division/School: Department of Management
Proposing Faculty Group
(if applicable)
Program type: Undergraduate Certificate
Name of existing program: Certificate in Knowledge Entrepreneurship & Innovation
Proposed new name: Certificate in Entrepreneurship & Innovation

Proposal Contact

Name: Kay Faris **Title:** Senior Associate Dean
Phone number: 480-965-7587 **Email:** Kay.Faris@asu.edu

DEAN APPROVAL(S)

This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation of the proposed name change.

College/School/Division Dean name: Amy Hillman
Signature Amy Hillman **Date:** 9/3/2014

College/School/Division Dean name:
(if more than one college involved)
Signature _____ **Date:** ____/____/20__

Note: An electronic signature, an email from the dean or dean's designee, or a PDF of the signed signature page is acceptable.

University Approval(s)

Vice Provost for Graduate Education
Name: _____
Signature: _____ **Date:** ____/____/20__

Executive Vice President and Provost of the University
Name: _____
Signature: _____ **Date:** ____/____/20__

Name of existing program: Certificate in Knowledge Entrepreneurship and Innovation

Proposed new name: Certificate in Entrepreneurship & Innovation

Program type: Undergraduate Certificate

If graduate/undergraduate degree or concentration is selected, indicate degree type and major (e.g., BA, MBA, PhD)

Plan code(s) for the program:

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

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Requested effective date: 2015-16

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 proposed change and rationale for the change:

The word Knowledge included in the current certificate name was confusing for students and prospective employers. The new name, Certificate in Entrepreneurship & Innovation, more closely aligns with the content of the certificate and is recognizable by students.

Discuss the impact of this change on current students and/or enrollment:

This would have no effect on current students. Students in the program will be moved to the new name, but it will not impact their certificate requirements.