ARIZONA STATE UNIVERSITY

PROPOSAL TO CHANGE THE NAME OF AN ACADEMIC PROGRAM (Degree, Concentration, Certificate, Minor)

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]. 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: College of Liberal Arts and Sciences

Department/Division/School: School of Historical, Philosophical, and Religious Studies

Proposing Faculty Group
(if applicable)

Program type: Undergraduate Certificate

Name of existing program: Symbolic Systems

Proposed new name: Symbolic, Cognitive and Linguistic Systems

Proposal Contact

Name:	Cheshire Calhoun	**Title:**	Director of Undergraduate Studies in Philosophy
Phone number:	480-965-3226 or 207-333-2457	**Email:**	cheshire.calhoun@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: Paul LePore

Signature _____ **Date:** 11/6/2014

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: Symbolic Systems

Proposed new name: Symbolic, Cognitive and Linguistic Systems

Program type: Undergraduate Certificate

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

Plan code(s) for the program:
If this is a degree program that has multiple concentrations, list all plan codes impacted: LAPHICERT

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 name change more accurately conveys the interdisciplinary and multi-thematic content of the certificate. The requirements of the certificate have been changed to require coursework in the three thematic areas indicated in the proposed new name: symbolic systems, cognitive systems, and linguistic systems. We also hope that the name change may attract more student interest in the certificate from across disciplines.

Discuss the impact of this change on current students and/or enrollment:
None. There have only been one or two students who have ever completed the Symbolic Systems Certificate