

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: New College of Interdisciplinary Arts and Sciences
Department/Division/School: Mathematical and Natural Sciences
Proposing Faculty Group (if applicable): Dr. Roger Berger
Program type: Minor
Name of existing program: Life Sciences
Proposed new name: Biology


Proposal Contact

Name: Cathy Kerrey **Title:** Director, Academic Services
Phone number: 602-543-7003 **Email:** Cathy.Kerrey@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: New College of Interdisciplinary Arts and Sciences; Dr. Marlene Tromp, Vice Provost and Dean

Signature:  **Date:** 2/2/2015

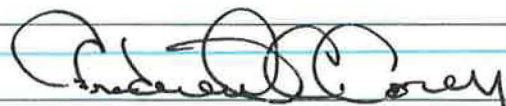
College/School/Division Dean name: (if more than one college involved)

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)

Undergraduate or
Vice Provost for Graduate Education Name: _____

Vice Signature:  **Date:** 3/15/20
Executive Vice President and Provost of the University Name: Frederick C. Corey

Signature: _____ **Date:** / /20

Name of existing program: Life Sciences

Proposed new name: Biology

Program type: Minor

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.

ASLSCMIN

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 BA/BS in Life Sciences has been changed to BA/BS in Biology. The minor is being changed to remain consistent with the major program.

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

New College expects the change on current students and/or enrollments to be positive, as related in the name change request for the BA/BS programs.
