



**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.

PROGRAM INFORMATION

Name of existing program: Special Education

Proposed name change to: Special Education/Elementary Education

PROPOSAL CONTACT INFORMATION

(Person to contact regarding this proposal)

Name: Elizabeth Hinde

Title: Director, Teacher Preparation

Phone: 602-543-6315

email: elizabeth.hinde@asu.edu

DEAN APPROVAL

This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation of the proposed name change. *(Note: An electronic signature, an email from the dean or dean's designee, or a PDF of the signed signature page is acceptable.)*

College/School Dean name: Dean Mari Koerner

College/School Dean signature Mari Koerner **Date:** March 8, 2012

College/School Dean name:

College/School Dean signature _____ **Date:** _____
(if more than one college/school involved)

College/School Dean name:

College/School Dean signature _____ **Date:** _____
(if more than one college/school involved)

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(Degree, concentration, certificate, minor)**

This proposal template should be completed in full and submitted to the University Provost's Academic Council [<mailto:curriculumplanning@asu.edu>]. It must undergo all internal university review and approval steps including those at the unit, college/school, and university levels. The name change **may not** be implemented until the Provost's Office notifies the academic unit that the proposal has completed the approval process.

PROGRAM INFORMATION

College/School: Mary Lou Fulton Teachers College

Division/School and/or Department: Division of Teacher Preparation

If this is a program (i.e. offered by more than one department or college) list all the additional units and college/schools that offer the program. *Note: All units offering this program must have collaborated in the proposal development and completed the appropriate unit and college/school approvals.*

Name of existing program: Special Education

Proposed name change to: Special Education/Elementary Education

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

Projected effective term: Fall 2012

Check type of program to which the name change will apply:

Program Type (Please mark one; submit a separate form for each program requesting the change)	Degree Type (Please mark one; submit a separate form for each program requesting the change)	
<input checked="" type="checkbox"/> Degree/major Please indicate all degrees impacted (e.g., BA, BA/BS, PhD): BAE	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate
<input type="checkbox"/> Concentration for an existing degree program Please indicate degree/major:	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate
<input type="checkbox"/> Minor		
<input type="checkbox"/> Certificate program	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate

Briefly describe the proposed change and rationale for the change:

This name change more accurately describes the nature of this program in that the courses lead to certification in both special education and elementary education. Students who earn this degree are eligible for achieving state teaching certification in both special education and elementary education.

Impact on current students: Effective immediately for currently enrolled students and those admitted to the college fall 2012 and beyond.