

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 Office of the University Provost 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 Office of the University Provost [[mailto: curriculumplanning@asu.edu](mailto:curriculumplanning@asu.edu)]. The name change **may not** be implemented until the Office of the University Provost notifies the academic unit that the name change proposal has completed the approval process.

**College/School/Institute:** College of Public Service and Community Solutions  
**Department/Division/School:** School of Criminology and Criminal Justice  
**Proposing Faculty Group**  
*(if applicable):*

**Proposal Contact**

<b>Name:</b>	Rachel La Vine	<b>Title:</b>	Manager of Academic Advising
<b>Phone Number:</b>	602-496-2358	<b>Email:</b>	Rachel.Lavine@asu.edu

**Existing Program Information**

<b>Program Type:</b>	Degree	<b>Academic Level:</b>	Undergraduate
<b>Degree Type:</b>	BS-Bachelor of Science <i>If other specify</i> _____		
<b>Name:</b>	Criminal Justice and Criminology	<b>Concentration</b> <i>(if applicable)</i>	(     )

**Proposed Program Name**

<b>Name:</b>	Criminology and Criminal Justice	<b>Concentration</b> <i>(if applicable)</i>	(     )
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**Plan code(s) for the program:**

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

**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 proposed change and rationale for the change:**

This change will align what is posted on students transcripts with the official name of our School. We are the School of Criminology and Criminal Justice. However, our degree shows as Criminal Justice and Criminology. In the end, the degree should post as Criminology and Criminal Justice.


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

We do not anticipate an impact of this change on current students or enrollment. Our degree requirements are not changing, we are simply modifying the degree name to be in line with our School name.

**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:** Kathleen Andereck

**Signature**  **Date:** 9/29/2015

**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)**

**Graduate Education** *(if applicable)*

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ /20

**Office of the University Provost**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ /20