

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]. 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 Liberal Arts and Sciences

Department/Division/School: School of Earth and Space Exploration

Proposing Faculty Group
(if applicable):

Proposal Contact

Name: James Rhoads **Title:** Associate Director of Graduate Education
Phone Number: 480-727-7133 **Email:** James.Rhoads@asu.edu

Existing Program Information

Program Type: Degree **Academic Level:** Graduate

Degree Type: Other *If other specify* MS

Name: Astrophysics **Concentration (if applicable)** ()

Proposed Program Name

Name: Astrophysics and Astronomy **Concentration (if applicable)** ()

Plan code(s) for the program:

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

Requested effective date: 2017-18

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:

While astronomy and astrophysics are strongly overlapping, astronomy is more often used to refer to the observational aspects of the field, while astrophysics most often refers to its theoretical aspects. The requested name change will therefore help the MS program to appeal both to students interested in observations and in theoretical work. As such it will broaden the potential applicant pool.

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

We currently do not have students enrolled in this program. It was recently reinstated.

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: Kenro Kusumi

Signature:  **Date:** 5/3/2016

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: Andrew N. Webber

Signature:  **Date:** ____/____/20__

Office of the University Provost

Name: _____

Signature: _____ **Date:** ____/____/20__