

This template is to be used to propose moving an academic program to another academic organization, or within its current academic organization. A separate proposal must be submitted for each individual academic program in order to change its academic organization. Proposals to move degree programs from one college/school to another must be pre-approved on the annual Academic Plan submitted to ABOR.

PROGRAM INFORMATION

College/School/Institute: College of Liberal Arts and Sciences

Unit(s) within college/school responsible for Academic program (Academic ORG):

Requested effective term: Fall and year: 2017

Plan Description: Nonfiction Writing and Publishing
 Degree/Program Offered: Certificate
 Plan Code: LANWPGRCT
 CIP Code: N/A

Current Information:

Organization Code: CLAS/DN
 Description: CLAS Dean
 Contact: Paul LePore
 Email/Phone: Paul.LePore@asu.edu/965-1098

Proposed Information

Organization Code: CSFIS
 Description: School for the Future of Innovation and Society
 Contact: Gary Grossman
 Email/Phone: Gary.Grossman@asu.edu/480-727-9533

Rationale for the proposed change:

The School for the Future of Innovation in Society requests that the certificate be moved as the school is home to the director of the certificate and two of the five faculty (three including affiliates) teaching in the program. The school's investment in these faculty members not only justifies the transition, but the school would also provide a quality environment for the focus on writing for diverse publics concerned with complex socio-technical and scientific issues.

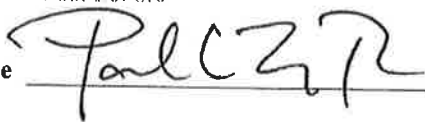
PROPOSAL CONTACT

Name: Jenny Smith Title: Executive Administrative Support Specialist
 Phone Number: 480-965-1355 Email: Jenny.Smith@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 organizational change.

College/School/Division Dean name: Paul LePore

Signature:  Date: 2/8/2017

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)

Approved by Graduate Education
 (if applicable)

 Date: _____

Office of the University Provost
 (final approval)

 Date: _____

Processed by- University Registrar's Office

 Date: _____



PROPOSAL TO CHANGE THE ACADEMIC ORGANIZATION CODE FOR AN ACADEMIC PROGRAM (Degree, Certificate, Minor)

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PROGRAM INFORMATION

College/School/Institute: College of Liberal Arts and Sciences
Unit(s) within college/school responsible for Academic program (Academic ORG):
Requested effective term: Fall and year: 2017

Plan Description: Nonfiction Writing and Publishing
Degree/Program Offered: Certificate
Plan Code: LANWPGRCT
CIP Code:

Current Information:		Proposed Information	
Organization Code:	CLAS\$DN CLAS Dean	Organization Code:	CSFIS
Description:		Description:	School for the Future of Innovation and Society
Contact:	Paul LePore Paul.LePore@asu.edu/965-1098	Contact:	Gary Grossman Gary.Grossman@asu.edu/480-727-9533
Email/Phone:		Email/Phone:	

Rationale for the proposed change:

The School for the Future of Innovation in Society requests that the certificate be moved as the school is home to the director of the certificate and two of the five faculty (three including affiliates) teaching in the program. The school's investment in these faculty members not only justifies the transition, but the school would also provide a quality environment for the focus on writing for diverse publics concerned with complex socio-technical and scientific issues.

PROPOSAL CONTACT

Name: Jenny Smith **Title:** Executive Administrative Support Specialist
Phone Number: 480-965-1355 **Email:** Jenny.Smith@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 organizational change.

College/School/Division Dean name:

Signature _____ **Date:** 1 / 20

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

David Gunton

Signature  **Date:** 2/6/2017

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)

Approved by Graduate Education
(if applicable) _____ **Date:** _____

Office of the University Provost
(final approval) _____ **Date:** _____

Processed by- University Registrar's Office _____ **Date:** _____

UNIVERSITY APPROVAL(S)

Approved by the Graduate College
(if applicable)

Alfredo Arboles

Date: 2/17/17

Office of the University Provost
(final approval)

_____ Date: _____

Processed by- University Registrar's Office

_____ Date: _____