

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: Ira A. Fulton Schools of Engineering
Department/Division/School: The Polytechnic School
Proposing Faculty Group (if applicable): Human Systems Engineering

Proposal Contact

Name: Nancy J. Cooke **Title:** Professor
Phone Number: 480-727-5158 **Email:** ncooke@asu.edu

Existing Program Information

Program Type: Degree **Academic Level:** Graduate
Degree Type: Other *If other specify* PhD
Name: Simulation, Modeling, and Applied Cognitive Science

Proposed Program Name

Name: Human Systems Engineering

Plan code(s) for the program:

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

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:

We propose to change the name of our PhD program from Simulation, Modeling and Applied Cognitive Science to Human Systems Engineering to better align with the names of our BS and MS programs in Human Systems Engineering. This should reduce confusion and better reflect the content of the degree for prospective students and future employers.

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

Students who complete the requirements prior to the effective date of the change will graduate under the old name. All existing and continuing students will be moved to the new name. Affected students were polled on this name change and all are highly enthusiastic about the name change.

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: James S. Collofello

Signature *James S. Collofello* Date: 2/13/2017

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)

Graduate College (if applicable)

Name: _____

Signature: *Alfredo P. ...* Date: 2/24/2017

Office of the University Provost

Name: _____

Signature: _____ Date: / /20