

This template is to be used for proposed disestablishments 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. This proposal template should be completed and submitted by the Dean’s Office to the Office of the University Provost [<mailto:curriculumplanning@asu.edu>]. The disestablishment **may not** be implemented until the Office of the University Provost notifies the academic unit that the disestablishment proposal has completed the approval process.

UNIT AND PROGRAM INFORMATION

College/School/Institute: Ira A. Fulton Schools of Engineering

Department/Division/School: CESDN - Dean, Engineering T

Proposing Faculty Group
(if applicable):

Proposal Contact

Name: Jeremy Helm **Title:** Director- Academic Administration
Phone number: (480)965-8931 **Email:** JEREMY.HELM@asu.edu

Existing Program Information

Program Type: Certificate **Academic Level:** Undergraduate
Degree Type: Certificate *If other specify*
Name: Technology Entrepreneurship **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.
 ESTNECERT

Implementation information: Degree Search is our official record of the academic catalog. Therefore, all academic programs which are active and have students enrolled are required to be listed on Degree Search. Upon request by the Dean's Office, an academic program can be removed from the undergraduate or graduate application; however, the program will remain in degree search with the notation “This program is no longer accepting applications,” until the approved effective date of the disestablishment.

Requested effective date: 2018-19

Briefly describe the rationale for disestablishment:

This is a dormant certificate with zero students enrolled. We are requesting this disestablishment in order to officially remove it from the catalog.

Impact on other existing programs:

May include availability of course content for students in other majors who may need it; other.
 None

Impact on current students:

Estimate number of students still enrolled; anticipated date of last graduates; arrangements for continuing students and students in articulated transfer pathways (e.g., MAPP, TAG).

No students are currently enrolled in this certificate.

Applications:

What term should applications close? If this change should be made immediately upon approval, please indicate this. Please note that the program will remain on Degree Search until such a time that no students remain enrolled in the program.

N/A

Current applicants:

Describe actions that will be taken regarding admitted students or students who have applied to this program? If current applicants should be moved to a new program, please indicate the plan code of that program.

N/A

Additional information:

Provide any relevant information not required above that will assist in evaluating the proposal.

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:

Signature  Date: 9/15/2017

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)

Vice Provost for Graduate Education Name: _____

Signature: _____ Date: ____ / ____ / 20

Vice Provost for Undergraduate Education Name: _____

Signature: _____ Date: ____ / ____ / 20