

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: Mary Lou Fulton Teachers College
Unit(s) within college/school responsible for Academic program (Academic ORG): CELEMED
Requested effective term: Fall and year: 2018

Plan Description: BAE in Educational Studies
Degree/Program Offered: BAE - Bachelor of Arts in Education
Plan Code: EDSLSTBAE
CIP Code: 13.9999

Current Information:		Proposed Information	
Organization Code:	CELEMED	Organization Code:	CEDGRAD
Description:	Division of Teacher Preparation	Description:	Division of Educational Leadership and Innovation
Contact:	Cyndi Giorgis	Contact:	Sherman Dorn
Email/Phone:	Cyndi.Giorgis@asu.edu 3-6075	Email/Phone:	Sherman.Dorn@asu.edu 3-6379

Rationale for the proposed change:

Educational Studies is a non-certification program for students who are not preparing to become certified teachers. It is the only non-initial-certification undergraduate degree offered in Teacher Preparation and fits more comfortably within the degree offerings of the Division of Educational Leadership and Innovation, where programs are mostly outside of initial certification. The Teachers College leadership believes the program belongs with all other non-initial-certification programs.

PROPOSAL CONTACT

Name: Sherman Dorn **Title:** Division Director, Educational Leadership & Innovation
Phone Number: 3-6379 **Email:** sherman.dorn@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: Carole G. Basile

Signature  **Date:** 3/19/2018

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)

Office of the University Provost
(final approval)

_____ **Date:** _____

Processed by- University Registrar's Office

_____ **Date:** _____