PROPOSAL TO CHANGE THE NAME OF AN ACADEMIC PROGRAM (Degree, Concentration, Certificate, Minor)

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: Herberger Institute for Design and the Arts
Department/Division/School: School of Music
Proposing Faculty Group
(if applicable):

<table>
<thead>
<tr>
<th>Proposal Contact</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Heather Landes</td>
<td>Title: Director</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>480-727-9958</td>
<td>Email:  <a href="mailto:heather.landes@asu.edu">heather.landes@asu.edu</a></td>
</tr>
</tbody>
</table>

Existing Program Information

<table>
<thead>
<tr>
<th>Program Type:</th>
<th>Concentration</th>
<th>Academic Level:</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree Type:</td>
<td>Other If other specify Master of Music (MM)</td>
<td>Concentration (if applicable)</td>
<td>Interdisciplinary Digital Media and Performance</td>
</tr>
<tr>
<td>Name:</td>
<td>Master of Music in Composition</td>
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</table>

Proposed Program Name

| Name:               | Master of Music in Composition | Concentration (if applicable) | Interdisciplinary Digital Media |

Plan code(s) for the program:
If this is a degree program that has multiple concentrations, list all program names and plan codes impacted.
FADIGITMM

Requested effective date: 2019-20
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.
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Briefly describe the proposed change and rationale for the change:
In our recent renewal of membership for the National Association of Schools of Music, this degree title was flagged as not in compliance with the association's standard of consistency of degree titles. The words "and Performance" require that the degree meet the standards for a graduate performance degree, which it does not nor was it ever intended to meet. The degree is a boutique program specifically designed for students to explore digital media, performance and video art, and composition. Our solution, which the NASM accrediting body has approved, is to drop the words "and Performance."

Discuss the impact of this change on current students and/or enrollment:
There will be no impact on current or prospective students. The curriculum has undergone a revision, approved in 2016 by the Graduate College, that better prepares students in the field of digital media composition, and we feel this name change better aligns with the objectives and outcomes of the degree.

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: Steven Tepper

Signature __________________________ Date: 8/27/2018

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)

Graduate College (if applicable)
Name: __________________________
Signature: __________________________ Date: 9/18/2018

Office of the University Provost
Name: __________________________
Signature: __________________________ Date: __ / __/20

Rev. 8/2016