

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: The College of Liberal Arts and Sciences

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

Requested effective term: Spring and year: 2020

Plan Description: Veterans, Society and Service
Degree/Program Offered: CERT
Plan Code: LAVSSCERT
CIP Code: 30.2301

Current Information:		Proposed Information	
Organization Code:	CLADN	Organization Code:	CBIS
Description:	Veterans, Society and Service	Description:	Veterans, Society and Service
Contact:	Nancy Dallett	Contact:	Duane Roen
Email/Phone:	Nancy.Dallett@asu.edu	Email/Phone:	Duane.Roen@asu.edu

Rationale for the proposed change:

We are requesting to move the undergraduate certificate in Veterans, Society and Service to the College of Integrative Sciences and Arts (CISA) for the following reasons: 1) Long-term sustainability, growth, and management of the certificate, 2) Presence of CISA on all four metropolitan campuses and online, 3) Faculty leadership - with the retirement of Mark Von Hagen, Emeritus Professor, School of Historical, Philosophical and Religious Studies, we are transitioning the leadership responsibilities to Manuel Aviles-Santiago, Associate Professor in CISA.

PROPOSAL CONTACT

Name: Paul LePore **Title:** Associate Dean
Phone Number: 480-965-1098 **Email:** Paul.LePore@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:** ___ / ___ /20

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: _____

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PROGRAM INFORMATION

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

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

Requested effective term: Spring and year: 2020

Plan Description: Veterans, Society and Service
Degree/Program Offered: CERT
Plan Code: LAVSSCERT
CIP Code: 30.2301

Current Information:		Proposed Information	
Organization Code:	CLADN	Organization Code:	CBIS
Description:	Veterans, Society and Service	Description:	Veterans, Society and Service
Contact:	Nancy Dallett	Contact:	Duane Roen
Email/Phone:	Nancy.Dallett@asu.edu	Email/Phone:	Duane.Roen@asu.edu

Rationale for the proposed change:

We are requesting to move the undergraduate certificate in Veterans, Society and Service to the College of Integrative Sciences and Arts (CISA) for the following reasons: 1) Long-term sustainability, growth, and management of the certificate, 2) Presence of CISA on all four metropolitan campuses and online, 3) Faculty leadership - with the retirement of Mark Von Hagen, Emeritus Professor, School of Historical, Philosophical and Religious Studies, we are transitioning the leadership responsibilities to Manuel Aviles-Santiago, Associate Professor in CISA.

PROPOSAL CONTACT

Name: Paul LePore **Title:** Associate Dean
Phone Number: 480-965-1098 **Email:** Paul.LePore@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:** OCT 3, 2019 / /20
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: _____

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PROGRAM INFORMATION

College/School/Institute: The College of Liberal Arts and Sciences
Unit(s) within college/school responsible for Academic program (Academic ORG): CLADN
Requested effective term: Spring **and year:** 2020

Plan Description: Veterans, Society and Service
Degree/Program Offered: Certificate
Plan Code: LAVSSCERT
CIP Code: 30.2301

Current Information:		Proposed Information	
Organization Code:	CLADB	Organization Code:	CBIS
Description:	Veterans, Society and Service	Description:	Veterans, Society and Service
Contact:	Paul LePore	Contact:	Manual Aviles-Santiago
Email/Phone:	Paul.LePore@asu.edu	Email/Phone:	manu.aviles.santiago@asu.edu

Rationale for the proposed change:

The College of Integrative Sciences and Arts (CISA) is the ideal home for the certificate in Veterans, Society and Service. The certificate aligns with CISA’s mission of prompting an interdisciplinary inquiry with a flexible, innovative, and applied emphasis. Dr. Manuel G. Avilés-Santiago, associate professor of Communication and Culture has extensive experience with veterans as former project manager of the Latina/o World War II Oral History Project at the University of Texas and is well positioned to lead the certificate.

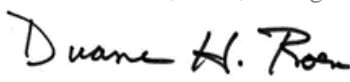
PROPOSAL CONTACT

Name: Manual Aviles-Santiago **Title:** Associate Professor
Phone Number: 480-280-8929 **Email:** manu.aviles.santiago@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: Duane H. Roen, Dean, College of Integrative Sciences and Arts

Signature  **Date:** 10/2/2019

College/School/Division Dean name: Jeffrey J. Cohen, Dean of Humanities, The College of Liberal Arts & Sciences
(if more than one college involved)

Signature  **Date:** 10/2/2019

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: _____