PROPOSAL TO DISESTABLISH AN ACADEMIC PROGRAM (Degree, concentration, certificate, minor)

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

<table>
<thead>
<tr>
<th>College/School/Institute:</th>
<th>Herberger Institute for Design and the Arts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department/Division/School:</td>
<td>School of Music</td>
</tr>
<tr>
<td>Proposing Faculty Group (if applicable):</td>
<td>Music Education Faculty</td>
</tr>
</tbody>
</table>

Proposal Contact

<table>
<thead>
<tr>
<th>Name:</th>
<th>Jill Sullivan</th>
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<tbody>
<tr>
<td>Title:</td>
<td>Professor &amp; Graduate Coordinator Music Ed</td>
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<td>Phone number:</td>
<td>480.965.7369</td>
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<td>Email:</td>
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Existing Program Information

<table>
<thead>
<tr>
<th>Program Type:</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Level:</td>
<td>Graduate</td>
</tr>
<tr>
<td>Degree Type:</td>
<td>Other if other specify Doctor of Musical Arts in Music</td>
</tr>
<tr>
<td>Name:</td>
<td>Doctor of Musical Arts in Music</td>
</tr>
<tr>
<td>Concentration (if applicable):</td>
<td>(Music Education)</td>
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Plan code(s) for the program:
If this is a degree program that has multiple concentrations, list all program names and plan codes impacted.
FAMUSEDDMA

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: 2020-21

Briefly describe the rationale for disestablishment:
We now offer a PhD as the terminal degree in music education. We waited to submit this disestablishment proposal until there were no DMA students enrolled in our program. We closed the program several years ago when we established the PhD in Music (Music Education).

Impact on other existing programs:
May include availability of course content for students in other majors who may need it; other.
No foreseeable impact on other degree programs.
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).
There are no students enrolled in this degree program.

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.
No students remain in this program. We closed the degree several years ago and we only have PhD students enrolled in music education.

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, there are no students in this program.

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: Steven Tepper
Signature: [Signature]
Date: 10/13/2019

College/School/Division Dean name: (if more than one college involved)
Signature: [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 Name: [Name]
Signature: [Signature]
Date: 1/9/2020

Vice Provost for Undergraduate Education Name:
Signature: [Signature]
Date: / /20