



**Briefly describe the proposed change and rationale for the change:**

We propose to change the name of the Bachelor of Fine Arts (fibers) to the Bachelor of Fine Arts (textiles). Nationally, textiles as a program name is more widely recognized and accepted in academia. The current concentration name fibers is not widely understood beyond a small group within the field of visual art. Textiles more clearly communicates the area of study and that the research pertains to utilizing textile processes, construction and material as the primary point to research.

Many of our peer and aspirational universities offer a concentration in textiles rather than fibers.

**Discuss the impact of this change on current students and/or enrollment:**

The name change will allow for greater clarity for current students when speaking about their current major to those outside ASU. They often have to articulate at length what the concentration fibers means to peers outside of the small field. We foresee the name change having a positive impact on enrollment since the name is more widely accepted in the fine arts.

Students graduating after the name change goes into effect will graduate with a concentration in textiles. This will be communicated to affected students through academic advising and area faculty.

**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:** \_\_\_\_ / \_\_\_\_ /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)**

**Graduate Education** *(if applicable)*

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ /20\_\_\_\_

**Office of the University Provost**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ /20\_\_\_\_

**Signature**



**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](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: Art  
 Proposing Faculty Group  
 (if applicable):

**Proposal Contact**

Name: Forrest Solis Title: Associate Director  
 Phone Number: (480) 965-3732 Email: Forrest.Solis@asu.edu

**Existing Program Information**

Program Type: Concentration Academic Level: Undergraduate  
 Degree Type: BFA-Bachelor of Fine Arts *If other specify* \_\_\_\_\_

Name: Concentration (if applicable) (Fibers)

**Proposed Program Name**

Name: Concentration (if applicable) (Textiles)

**Plan code(s) for the program:**

If this is a degree program that has multiple concentrations, list all program names and plan codes impacted.  
 FAARTFBFA

**Requested effective date: 2020-21**

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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**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 J. Tepper

Signature  Date: 12/5/2019

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 Education (if applicable)**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ /20

**Office of the University Provost**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ /20