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:** New College of Interdisciplinary Arts and Sciences

**Department/Division/School:** School of Humanities, Arts and Cultural Studies

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

**Proposal Contact**

<table>
<thead>
<tr>
<th>Name</th>
<th>Duku Anokye</th>
<th>Title:</th>
<th>Associate Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number</td>
<td>602-543-6020</td>
<td>Email:</td>
<td><a href="mailto:Akua.Anokye@asu.edu">Akua.Anokye@asu.edu</a></td>
</tr>
</tbody>
</table>

**Existing Program Information**

**Program Type:** Certificate

**Degree Type:** Certificate  
*If other specify*

**Name:** Oral History

**Academic Level:** Undergraduate

**Concentration (if applicable):**

**Proposed Program Name**

<table>
<thead>
<tr>
<th>Name</th>
<th>Oral History and Storytelling</th>
<th>Concentration (if applicable)</th>
</tr>
</thead>
</table>

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

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

ASOHCCERT

**Requested effective date:** 2021-2022

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.
Briefly describe the proposed change and rationale for the change:
Faculty working with students interested in oral history have found themselves addressing academic and professional storytelling essentials. In fact, the changing communications landscape necessitates that professionals have strong storytelling skills. For example, traditional, fact-based storytelling has increasingly become a strategy for sharing collected oral histories. To meet the needs of future oral historians and other professionals, storytelling must take its place in the certificate offerings. Finally, the name should reflect the collaborations we've established with other units, such as South Mountain Community College.

Discuss the impact of this change on current students and/or enrollment:
Students relate to storytelling in a variety of ways. They want to learn how to tell good stories, why we like stories so much, why stories lay the foundation for religions, nations, etc. The oral history and storytelling certificate provides students with answers and helps them develop communications skills, enhancing their employability.

<table>
<thead>
<tr>
<th>DEAN APPROVAL(S)</th>
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<tbody>
<tr>
<td>This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation of the proposed name change.</td>
</tr>
</tbody>
</table>

College/School/Division Dean name: Todd Sandrin, Vice Provost and Dean, New College of Interdisciplinary Arts and Sciences

Signature __________________ Date: 6/11/20

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.

<table>
<thead>
<tr>
<th>University Approval(s)</th>
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</thead>
<tbody>
<tr>
<td>Graduate Education (if applicable)</td>
</tr>
<tr>
<td>Name: ____________________</td>
</tr>
</tbody>
</table>

Signature: ____________________ Date: / /20

Office of the University Provost

Name: ____________________

Signature: ____________________ Date: / /20