

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: Mary Lou Fulton Teachers College
Department/Division/School: Division of Teacher Preparation
Proposing Faculty Group
(if applicable):

Proposal Contact

Name:	Nicole Thompson	Title:	Division Director
Phone Number:	480-727-7654	Email:	nlthompson@asu.edu

Existing Program Information

Program Type:	Concentration	Academic Level:	Undergraduate
Degree Type:	BAE-Bachelor of Arts in Education <i>If other specify</i>		
Name:	Educational Studies	Concentration <i>(if applicable)</i>	(Early Childhood Education)

Proposed Program Name

Name:	Educational Studies	Concentration <i>(if applicable)</i>	(Early Childhood Studies)
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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.
 TEESECEBAE

Requested effective date: 2021-22

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:

The current Early Childhood Education (ECE) concentration name is identical to several other programs that lead to initial teacher certification, but this BAE, Educational Studies (ECE) concentration does not lead to initial teacher certification. We are asking that this concentration be renamed to differentiate it from our other teacher certification programs and align it to a common program name across the country.

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

This change will better differentiate this program, which is a non-certification program, from other certification programs. There will be no impact on current students or negative impact on enrollment.

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: Carole G. Basile

Signature _____ **Date:** 12/14/2020

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