

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 precede 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:** Director Division of Teacher Preparation; Associate Professor
Phone Number: 602-543-6172 **Email:** NLThompson@asu.edu

Existing Program Information

Program Type: Concentration **Academic Level:** Undergraduate
Degree Type: BAE-Bachelor of Arts in Education *If other specify*
Name: Elementary Education **Concentration (if applicable)** (Bilingual Education and English as a Second Language)

Proposed Program Name

Name Elementary Education **Concentration (if applicable)** (Educating Multilingual Learners)

Plan code(s) for the program:

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

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 proposal changes this concentration name from English as a Second Language to Educating Multilingual Learners (EML). Program faculty are redesigning the undergraduate program in teacher preparation to focus clearly on preparing program graduates to educate bilingual and multilingual learners in a preK-12 and community education context. The new name better fits the redesigned curriculum, clearly distinguishing it from other language program, and emphasizing the focus on experiences of linguistically and culturally diverse students in preK-12 classrooms.

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

The name change will also support recruitment for the program. The college will inform all students entering Fall 2021 that they will be entering the new re-titled program. It is anticipated that the new program name, Educating Multilingual Learners (EML), will draw interest from any students working in diverse communities. This change will impact current students by recognizing the in-depth preparation they are receiving to serve students from diverse backgrounds linguistically and culturally. The name change recognizes and values notions of multilingual learners and not just limited to bilingual learners in the classroom. Currently there more than 110,00 job postings in the U.S from education - requiring a bachelor degree with bilingual, multilingual, or English learner in the job descriptions. This program name change will benefit students during job search after graduation.

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 Basile

Signature



Date:

8/6/2020

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