



**PROPOSAL TO CHANGE THE ACADEMIC ORGANIZATION CODE FOR AN ACADEMIC PROGRAM (Degree, Certificate, Minor)**

This template is to be used to propose moving an academic program to another academic organization, or within its current academic organization. A separate proposal must be submitted for each individual academic program in order to change its academic organization. Proposals to move degree programs from one college/school to another must be pre-approved on the annual Academic Plan submitted to ABOR. Proposals to move academic programs within an existing college/school do not require pre-approval on the Academic Plan.

**PROGRAM INFORMATION**

**College/School/Institute:**  
College of Health Solutions

**Unit(s) within college/school responsible for Academic program (Academic ORG):**

College of Health Solutions

**Requested effective term: Spring and year: 2013**

**Plan Description:** Behavior Health  
**Degree/Program Offered:** Doctor of Behavioral Health  
**Plan Code:** LSBEVHEDBH  
**CIP Code:** 42.2814

**Current Information:**

**Organization Code:** CLSDN  
**Description:** Letters and Sciences  
**Contact:** Ronald O'Donnell  
**Email/Phone:** dbh@asu.edu, 602-496-1354

**Proposed Information**

**Organization Code:** CHL  
**Description:** College of Health Solutions  
**Contact:** Ronald O'Donnell  
**Email/Phone:** dbh@asu.edu, 602-496-1354

**Rationale for the proposed change:**

This proposal is to transfer the Doctor of Behavioral Health program from the School of Letters and Sciences to the College of Health Solutions. The program in behavioral health is aligned with the academic programs in the College of Health Solutions. Organizationally, it makes sense to house the health programs together to enhance intellectual and program connections for students and faculty. There will be no impact on current students as the program requirements and faculty are not changing. The program will remain in the existing facilities.

**PROPOSAL CONTACT**

**Name:** Melanie Burm **Title:** Chief of Staff, Health Solutions  
**Phone Number:** 602-496-1395 **Email:** melanie.burm@asu.edu

**DEAN APPROVAL(S)**

**This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation of the proposed organizational change.**

**College/School/Division Dean name:** Dr. Keith Lindor

**Signature:**

**Date:** 12/18/2012

**College/School/Division Dean name:** Dean Fred Corey  
*(if more than one college involved)*

**Signature:**

**Date:** 12/18/2012

*Note: An electronic signature, an email from the dean or dean's designee, or a PDF of the signed signature page is acceptable.*

Approved by the Graduate College  
(If applicable)

**Date:** 12-20-2012

Signature – Executive Vice President and Provost of the University  
(final approval)

**Date:** \_\_\_\_\_

Processed by- University Registrar's Office

**Date:** \_\_\_\_\_

Cover Sheet with Dean's Approval must be accompanied with this form.