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: LSEBVHEDBH
CIP Code: 42.2814

Current Information:
Organization Code: CLSDN
Description: Letters and Sciences
Contact: Ronald O'Donnell
dbh@asu.edu, 602-496-1354

Proposed Information
Organization Code: CHL
Description: College of Health Solutions
Contact: Ronald O'Donnell
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
Phone Number: 602-496-1395

Title: Chief of Staff, Health Solutions
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: [Signature]
Date: 12/18/2012

College/School/Division Dean name: [If more than one college involved]
Signature: [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)
Signature – Executive Vice President and Provost of the University (final approval)
Date: 12/20/2012

Processed by- University Registrar’s Office
Date: 

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