



**ARIZONA STATE UNIVERSITY  
PROPOSAL TO DISESTABLISH AN ACADEMIC PROGRAM  
(Degree, concentration, minor or certificate)**

This proposal template should be completed and submitted to the University Provost's Academic Council [[mailto: curriculumplanning@asu.edu](mailto:curriculumplanning@asu.edu)]. The disestablishment **may not** be implemented until the Provost's Office notifies the academic unit that the disestablishment proposal has completed the approval process.

**PROGRAM INFORMATION**

**Name of program to be disestablished:** Master of Science (MS) in Engineering Science

**PROPOSAL CONTACT INFORMATION**

(Person to contact regarding this proposal)

**Name:** Jeremy Helm

**Title:** Director, Academic Administration

**Phone:** 480.965.8931

**email:** jhelm@asu.edu

**DEAN APPROVAL**

This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation of the proposed program disestablishment. (Note: An electronic signature, an email from the dean or dean's designee, or a PDF of the signed signature page is acceptable.)

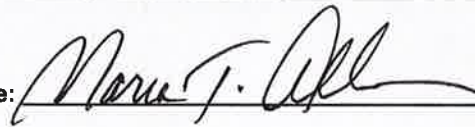
**College/School Dean name:** Fulton Schools of Engineering/James S. Colbello

**College/School Dean signature:**  **Date:** 3/2/12

**Executive Vice Provost for  
Academic Affairs and**

**Graduate College Dean Name:** Maria T. Allison

**Executive Vice Provost for  
Academic Affairs and**

**Graduate College Dean Signature:**  **Date:** 3/26/2012



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**Plan code(s)** for the program (If a degree program is being disestablished that has multiple concentrations, list all plan codes impacted): ESMAERMS, ESENGSCMS

**Projected effective term:** FALL and year: 2012

**Check type of program to be disestablished:**

<b>Program Type</b> (Please mark one; submit a separate form for each program to be disestablished)	<b>Degree Type</b> (Please mark one; submit a separate form for each program to be disestablished)	
<input checked="" type="checkbox"/> Degree/major Please indicate degree type (e.g., BA, BA/BS, PhD): <b>MS/Engineering Science</b>	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Graduate
<input type="checkbox"/> Concentration for an existing degree program Please indicate degree/major:	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate
<input type="checkbox"/> Minor		
<input type="checkbox"/> Certificate program	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate

**Briefly describe the rationale for disestablishment:**  
 Programs were never developed for enrollment.

**Impact on other existing programs:** Could include availability of course content for students in other majors who may need it; other.  
 No impact

**Impact on current students:** Estimate number of students still enrolled; anticipated date of last graduates; arrangements for continuing students and students in articulated transfer pathways (ex. MAPP, TAG).  
 No impact

**Additional information:** Provide any relevant information not required above that will assist in evaluating the proposal.  
 N/A