

# PROPOSAL TO DISESTABLISH AN ACADEMIC PROGRAM (Degree, concentration, certificate, minor)

This template is to be used for proposed disestablishments 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. This proposal template should be completed and submitted by the Dean's Office to the Office of the University Provost [mailto: curriculumplanning@asu.edu]. The disestablishment may not be implemented until the Office of the University Provost notifies the academic unit that the disestablishment proposal has completed the approval process.

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College/School/Institute: College of Health Solutions

**Department/Division/School:** School of Nutrition and Health Promotion

**Proposing Faculty Group** 

(if applicable):

**Proposal Contact** 

Name: Kate Lehman Title: Senior Director, Academic Initiatives

**Phone number:** 602-496-0241 **Email:** kate.lehman@asu.edu

**Existing Program Information** 

Program Type: Concentration Academic Level: Undergraduate

**Degree Type:** BS-Bachelor of Science *If other specify* 

Name: Health Sciences Concentration (if applicable) (Health Policy)

Plan code(s) for the program:

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

**NUHSCHPBS** 

**Implementation information:** Degree Search is our official record of the academic catalog. Therefore, all academic programs which are active and have students enrolled are required to be listed on Degree Search. Upon request by the Dean's Office, an academic program can be removed from the undergraduate or graduate application; however, the program will remain in degree search with the notation "This program is no longer accepting applications," until the approved effective date of the disestablishment.

### **Requested effective date:** 2016-17

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 rationale for disestablishment:

The concentration does the same thing that the BS in the Science of Health Care Delivery does, and is therefore redundant. We are seeking to reduce the number of redundant degrees in favor of the broad degrees as favored by Vice Provost Corey.

#### **Impact on other existing programs:**

May include availability of course content for students in other majors who may need it; other.

The existing freshmen and sophomores will be funnelled into the BS in the Science of Health Care Delivery.



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#### **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 (e.g., MAPP, TAG).

There are currently 154 students enrolled; 69 of those are currently seniors most of whom will graduate this year. The rest are juniors and will be given the next year to complete their program. There are currently only 27 freshmen and sophomores whom we will work with the switch to the Science of Health Care Delivery.

### **Applications:**

What term should applications close? If this change should be made immediately upon approval, please indicate this. Please note that the program will remain on Degree Search until such a time that no students remain enrolled in the program.

Close applications immediately; none to be admitted for the 2016-17 academic year.

## **Current applicants:**

Describe actions that will be taken regarding admitted students or students who have applied to this program? If current applicants should be moved to a new program, please indicate the plan code of that program.

We will contact those who pay deposits to swich to the Science of Health Care Delivery.

### **Additional information:**

Provide any relevant information not required above that will assist in evaluating the proposal.

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:	Julie Liss						
Signature		Date:	10/15/2015				
College/School/Division Dean name: (if more than one college involved)	0	_					
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.							