

# 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.

UNIT AND PROGR	RAM INFORMATION						
College/School/Institute:		New College of Interdisciplinary Arts and Sciences					
Department/Division/School:		School of Mathematical and Natural Sciences					
<b>Proposing Faculty Group</b> (if applicable):							
<b>Proposal Contact</b>							
Name:	Lara Ferry		Title:	Interim Director			
Phone number:	(602) 543-2817		Email:	lara.ferry@asu.edu			
Existing Program Information							
<b>Program Type:</b>	Concentration		Academic Level:		Undergraduate		
Degree Type:	BS-Bachelor of Scien	ace If other specify					
Name:	Biology		Conce	ntration (if applicable)	(Forensics)		

### **Plan code(s) for the program:**

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

**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

## Briefly describe the rationale for disestablishment:

We are seeking accreditation by the Forensic Science Education Programs Accreditation Commission (FEPAC), which has specific criteria forensic science programs must meet whether a full degree program or a concentration. The concentration in Forensics does not meet curriculum standards under FEPAC criteria, and does not adequately prepare students for a career in Forensic Science. This cannot be rectified unless the total number of hours for the concentration are increased, however this would make the concentration identical to the Forensics BS.

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

May include availability of course content for students in other majors who may need it; other. None



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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 will be no impact on current students. Students currently enrolled in the Forensics concentration will be able to complete their degree. There is no plan to eliminate any courses. Students interested in a less-intense program can still complete the IAS BA instead of the Forensics concentration.

### 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.

Immediately

## 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.

Current applicants and admits should be moved to ASFOREBS.

#### Additional information:

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

This proposal has been approved by all necessary unit and College/School levels of the proposed organizational change.	review. I recomn	nend implements	ation of
College/School/Division Dean name: Marlene Tromp			
Signature	Date:	2/2/2016	
College/School/Division Dean name:  (if more than one college involved)			,
Signature	Date:	/ /20	