

This template is to be used for proposed name changes 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. A separate proposal must be submitted for each individual name change. The proposal template should be completed and submitted by the Dean's Office to the Office of the University Provost [mailto:curriculumplanning@asu.edu]. The name change **may not** be implemented until the Office of the University Provost notifies the academic unit that the name change proposal has completed the approval process.

**College/School/Institute:** College of Nursing and Health Innovation

**Department/Division/School:** Nursing

**Proposing Faculty Group**  
(if applicable):

**Proposal Contact**

<b>Name:</b> Brenda Morris	<b>Title:</b> Assistant Dean
<b>Phone Number:</b> 602-496-0850	<b>Email:</b> brenda.morris@asu.edu

**Existing Program Information**

<b>Program Type:</b> Degree	<b>Academic Level:</b> Undergraduate
<b>Degree Type:</b> BS-Bachelor of Science <i>If other specify</i> _____	
<b>Name:</b> Health Care Innovation	<b>Concentration (if applicable)</b> ( )

**Proposed Program Name**

<b>Name:</b> Health Innovation	<b>Concentration (if applicable)</b> ( )
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**Plan code(s) for the program:**

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

**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 proposed change and rationale for the change:**

The request to change the name of the major from healthcare innovation to health innovation is consistent with the current focus of the academic program to reflect a broader perspective of health, and not a limited perspective on healthcare. The proposed change to the name of the major to Health Innovation supports this direction.

**Discuss the impact of this change on current students and/or enrollment:**

Students currently enrolled will be notified of the name change to the **major**, and provided with an explanation as to why the name change occurred. This change will not effect student enrollment.

**DEAN APPROVAL(S)**

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

**College/School/Division Dean name:**

Teri Pipe, Dean

**Signature**



**Date:**

3/31/2016

**College/School/Division Dean name:**

*(if more than one college involved)*

**Signature**

**Date:**

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

**University Approval(s)**

**Graduate Education (if applicable)**

**Name:**

**Signature:**

**Date:**

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**Office of the University Provost**

**Name:**

**Signature:**

**Date:**

/ / 20