

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 Provost's office to proceed with internal proposal development and review. This proposal template should be completed and submitted by the Dean's Office to the University Provost's Office [[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.

UNIT AND PROGRAM INFORMATION

College/School/Institute: College of Nursing & Health Innovation
Department/Division/School: N/A
Name program to be disestablished: Evidence-Based Practice in Nursing and Healthcare (certificate) - NUEVIDNSCE

Proposal Contact

Name: Katherine Kenny **Title:** Associate Dean, Academic Affairs
Phone number: 602-496-1719 **Email:** katherine.kenny@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: Teri Pipe
Signature:  **Date:** 10/30/2015

College/School/Division Dean name:
(if more than one college involved)
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.

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.

GRADUATE EDUCATION APPROVAL

Interim Dean of Graduate Education:

Andrew N. Webber

Signature:



Date:

8/22/16

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

Name of program to be disestablished: Evidence-Based Practice in Nursing and Healthcare (certificate)		
Plan code(s) for the program: <i>If a degree program is being disestablished that has multiple concentrations, list all plan codes impacted.</i> NUEVIDNSCE		
Requested effective catalog year for the disestablishment: 2016-2017		
Program Type	Degree Level	
<input type="checkbox"/> Degree/major Degree type (e.g., BA, MBA, PhD):	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate
<input type="checkbox"/> Concentration for an existing degree program Degree and major:	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate
<input type="checkbox"/> Minor		
<input checked="" type="checkbox"/> Certificate program	<input type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Graduate

Briefly describe the rationale for disestablishment:

This content is now included in the DNP program curriculum. No students are currently enrolled in this program.

Impact on other existing programs:

May include availability of course content for students in other majors who may need it; other.
No impact on students in other majors.

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).
No current students.

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.
Applications have not been active in degree search for a few semesters.

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.
No current applicants.

Additional information:

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