

This template is to be used to propose moving an academic program to another academic organization, or within its current academic organization. A separate proposal must be submitted for each individual academic program in order to change its academic organization. Proposals to move degree programs from one college/school to another must be pre-approved on the annual [Academic Plan](#) submitted to ABOR. Proposals to move academic programs within an existing college/school do not require pre-approval on the Academic Plan.

PROGRAM INFORMATION

College/School/Institute: College of Health Solutions
Unit(s) within college/school responsible for Academic program (Academic ORG): CNH, School of Nutrition and Health Promotion
Requested effective term: Fall and year: 2017

Plan Description: Applied Science (Health Sciences)
Degree/Program Offered: Bachelor of Applied Science
Plan Code: NUHSCBAS
CIP Code: 21-1094 Community Health Workers

Current Information:		Proposed Information	
Organization Code:	CNH	Organization Code:	CSHCD
Description:	School Of Nutrition and Health Promotion	Description:	School for the Science of Health Care Delivery
Contact:	Mike Collins	Contact:	Alison Essary
Email/Phone:	Michael.Collins.4@asu.edu (602) 496-0843	Email/Phone:	Alison.Essary@asu.edu (602)496-0843

Rationale for the proposed change:

Moving the program to the School for the Science of Health Care Delivery from the School of Nutrition and Health Promotion better aligns with the consolidation and reorganization of degrees within the college. In addition, most faculty teaching in the degree come from SSHCD and the courses in the major are primarily from SSHCD.

PROPOSAL CONTACT

Name: Kate Lehman **Title:** Senior Director
Phone Number: 602-496-0241 **Email:** kate.lehman@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: Julie Liss

Signature  **Date:** 6/14/2016

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.

UNIVERSITY APPROVAL(S)

Approved by Graduate Education
(if applicable) _____ Date: _____

Office of the University Provost
(final approval) _____ Date: _____

Processed by- University Registrar's Office _____ Date: _____