

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 PROGRAM INFORMATION**

**College/School/Institute:** College of Health Solutions

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

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

**Proposal Contact**

<b>Name:</b>	<u>Kate Lehman</u>	<b>Title:</b>	<u>Senior Director, Academic Initiatives</u>
<b>Phone number:</b>	<u>602-496-0241</u>	<b>Email:</b>	<u>kate.lehman@asu.edu</u>

**Existing Program Information**

**Program Type:** Concentration **Academic Level:** (Select One)

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

**Name:** Exercise and Wellness **Concentration (if applicable)** (Exercise for Obesity Prevention)

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

If this is a degree program that has multiple concentrations, list all program names and plan codes impacted.  
NHEXWOPBS – Exercise for Obesity Prevention, ECEXWBS – Fitness and Wellness Specialist, NHEXWSCBS – Strength and Conditioning Specialist

**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: 2017-18****Briefly describe the rationale for disestablishment:**

The college is seeking to streamline its degrees for more student flexibility. The college has created a BS in Exercise and Wellness with tracks that will take the place of the existing concentrations.

**Impact on other existing programs:**

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

No expected impact.

**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).

According to the Retention Dashboard, there are currently 2 students still in the concentration. While we will invite students to move to the new degree, they may remain in the current concentration until graduation. The final student should graduate in May 2019. MAPP and TAG students may continue in the concentration or move to the new BS.

**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.

Please close applications 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.

Students admitted for 2017-18 should be moved to the new BS in Exercise and Wellness (ECXERBS) with tracks.

**Additional information:**

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

NA

**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:** Julie Liss

**Signature**  **Date:** 2/7/2017

**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)**

**Vice Provost for Graduate Education Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ /20

**Vice Provost for Undergraduate Education Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ /20