

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: School of Nutrition and Health Promotion

Proposing Faculty Group
(if applicable):

Proposal Contact

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

Existing Program Information

Program Type:	Concentration	Academic Level:	Undergraduate
Degree Type:	BS-Bachelor of Science <i>If other specify</i>		
Name:	Health Sciences	Concentration (if applicable)	(Pre-professional)

Plan code(s) for the program:

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

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 BS in Medical Studies has been revised to better prepare students for post-graduate medical study. The college seeks to streamline and stop offering degrees that overlap too much.

Impact on other existing programs:

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

We expect the number of students in the BS in Medical Studies to increase significantly. The Health Sciences (Pre-professional) concentration was not like the other Health Sciences concentrations, in that it was geared to prepare students for medical school, which is exactly what the Medical Studies degree is for. Hence, there was duplication in our programs. The BS in Health Sciences is not for students who wish to attend a medical school after graduation. It is geared to students who want a career in a health-related industry but who are not competitive for a post-graduate medical school.

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).

The retention dashboard indicates a total of 441 remaining students. We expect that approximately 100 of those students will graduate in May 2017. We expect the last students to graduate by May 2019 at the latest. Students who are currently in a MAPP or TAG will be allowed to continue in that pathway upon matriculation. We will give students the option of moving to the BS in Medical Studies if they wish.

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 should close immediately upon approval.

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 who are currently admitted for 2017-18 should be moved to NHMEDBS.

Additional information:

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

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

