

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 Health Solutions

**Department/Division/School:** School of Nutrition and Health Promotion  
**Proposing Faculty Group (if applicable):**

**Proposal Contact**

**Name:** Kate Lehman                      **Title:** Senior Director, Academic Initiatives  
**Phone Number:** 602-496-0241              **Email:** kate.lehman@asu.edu

**Existing Program Information**

**Program Type:** Degree                      **Academic Level:** Graduate  
**Degree Type:** PhD *If other specify*  
**Name:** Physical Activity, Nutrition and Wellness              **Concentration (if applicable)** ( )

**Proposed Program Name**

**Name:** Exercise and Nutritional Sciences              **Concentration (if applicable)** ( )

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

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

**Requested effective date: 2017-18**

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 name change is to help improve the visibility of our PhD program to prospective students. Specifically, our intent is to provide a name that will be clearly recognized by potential applicants as a degree with scientific rigor and that still conveys our interdisciplinary uniqueness in exercise, nutrition and health promotion. Our overall rationale is to increase the overall quality of applicants seeking to conduct high impact research in exercise and nutritional sciences and improve the scholarly “fit” or “match” between the research interests of the faculty and potential applicants which will ultimately improve both faculty and student productivity.

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

No significant impact.

**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: 2/1/2016

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)**

Graduate College (if applicable)  
Name: \_\_\_\_\_

Signature:  Date: 2/3/2017

Office of the University Provost  
Name: \_\_\_\_\_

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