

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): College of Health Solutions - CHL

Requested effective term: Fall **and year:** 2017

Plan Description: Medical Studies
Degree/Program Offered: Bachelor of Science
Plan Code: NHMEDBS
CIP Code: 51.1201 Medicine

Current Information:		Proposed Information	
Organization Code:	CHL	Organization Code:	CSHCD
Description:	College of Health Solutions	Description:	School for the Science of Health Care Delivery
Contact:	Julie Liss	Contact:	Alison Essary
Email/Phone:	Julie.Liss@asu.edu 602-496-0168	Email/Phone:	Alison.Essary@asu.edu 602-496-0843

Rationale for the proposed change:

Moving the program from the College to the School for the Science of Health Care Delivery better aligns with the consolidation and reorganization of degrees within the college. In addition, all faculty teaching in the degree are in the School for the Science of Health Care Delivery.

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:** 6/28/2016

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:** _____