

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.

PROGRAM INFORMATION

College/School/Institute: College of Health Solutions

Unit(s) within college/school responsible for Academic program (Academic ORG): CBIOMEDINF

Requested effective term: Fall and year: 2017

Plan Description: Biomedical Diagnostics
Degree/Program Offered: Biomedical Diagnostics, MS
Plan Code: NHBMDMS
CIP Code: 17-2031 Biomedical Engineers

Current Information:		Proposed Information	
Organization Code:	CBIOMEDINF	Organization Code:	one would need to be created
Description:	Biomedical Informatics	Description:	International School of Biomedical Diagnostics
Contact:	George Runger	Contact:	George Runger
Email/Phone:	George.Runger@asu.edu 480-884-0220	Email/Phone:	George.Runger@asu.edu 480-884-0220

Rationale for the proposed change:

The college intends to develop the student more fully and leverage this very needed specialty.

PROPOSAL CONTACT

Name: Kate Lehman **Title:** Senior Director, Academic Initiatives
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:** 1/27/2017


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)

Approved by the Graduate College
(if applicable)

Signature  **Date:** 2/17/17

Office of the University Provost
(final approval)

Signature _____ **Date:** _____

Processed by- University Registrar's Office

Signature _____ **Date:** _____