

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 Nursing and Health Innovation

Department/Division/School: N/A

Proposing Faculty Group
(if applicable):

Proposal Contact

Name:	Katherine Kenny	Title:	Associate Dean of Academic Affairs
Phone number:	602-496-1719	Email:	katherine.kenny@asu.edu

Existing Program Information

Program Type:	Concentration	Academic Level:	Graduate
Degree Type:	Other <i>If other specify</i> Master of Science		
Name:	MS Nursing	Concentration (if applicable)	(Community Health Advanced Practice Nursing)

Plan code(s) for the program:

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

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:

This degree is no longer accepted as part of the Nurse Practitioner certification requirements. No students have been enrolled in this program for 5 or more years.

Impact on other existing programs:

May include availability of course content for students in other majors who may need it; other.
There is no impact on any other program.

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).
 There are no students enrolled in this degree.

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.
 This program is not currently accepting applications.

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.
 There are no students enrolled in this program at this time.

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:	Teri Pipe, PhD  _____
Signature	Date: 8 / 24 / 2017
College/School/Division Dean name: <i>(if more than one college involved)</i>	_____ Date: / / 20
<i>Note: An electronic signature, an email from the dean or dean's designee, or a PDF of the signed signature page is acceptable.</i>	
University Approval(s)	
Graduate College Name: _____	
Signature:	 _____
Vice Provost for Undergraduate Education Name:	Date: 7 / 20 / 2017
Signature:	_____ Date: / / 20