

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](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 Nursing and Health Innovation

Department/Division/School:
Proposing Faculty Group
(if applicable):

Proposal Contact

Name:	Katherine Kenny	Title:	Associate Dean
Phone Number:	602-496-1719	Email:	katherine.kenny@asu.edu

Existing Program Information

Program Type: Concentration **Academic Level:** Undergraduate

Degree Type: Other *If other specify* BAS

Name:	Applied Science	Concentration <i>(if applicable)</i>	(Health Innovation)
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Proposed Program Name

Name:	Applied Science	Concentration <i>(if applicable)</i>	(Health Entrepreneurship and Innovation)
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Plan code(s) for the program:

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

Requested effective date: 2018-19

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:

Health innovation students seek solutions to health-related problems and to bring their ideas to market. In an email to the university faculty on April 2, 2017, President Crow emphasized the need to "further develop innovation and entrepreneurship in all ASU programs and schools from the arts, to the humanities, to nursing, journalism etc." We have responded by adding entrepreneurial coursework and an E+I Lab. The addition of health-related entrepreneurship to our degree name will attract additional students and address the entrepreneurship design aspiration of the university.

With the significant disruptions around health (including policy, technology and finance), innovation leadership is critical. Students in our long-standing Master of Healthcare Innovation are typically credentialed practitioners who are seeking advanced training in innovation. The BS in Health Innovation students, however, are most often not seeking credentialing routes to becoming practitioners in the field. As a result, they are trained in innovation leadership but do not have as clear of a pathway for employment. To strengthen this degree option, the addition of entrepreneurship adds both entrepreneurial and intrapreneurial skill sets in business modeling, customer development, marketing and funding, that are transferable and marketable for graduates. This will positively change the employment opportunities for students, but also enhance visibility for our degrees which will significantly aid recruitment.

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

Current students are not expected to be impacted but may choose to take new courses on health entrepreneurship as elective coursework. We anticipate this name change will positively increase enrollment in our degree on all campuses it is offered.

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:** 2/21/2018

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 Education (if applicable)
Name: _____

Signature: _____ **Date:** / /20

Office of the University Provost
Name: _____

Signature: _____ **Date:** / /20