



**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 concentration.

**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.

Immediately upon approval.

**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.

This concentration does not currently accept applications.

**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 **Teri Pipe** Digitally signed by Teri Pipe  
DN: cn=Teri Pipe, o=Arizona State University,  
ou=College of Nursing & Health Innovation,  
email=teri.pipe@asu.edu, c=US  
Date: 2018.02.21 06:44:11 -0700 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)**

Dean, Graduate College Name: \_\_\_\_\_

Signature:  Date: 3/23/2018

Vice Provost for Undergraduate Education Name: \_\_\_\_\_

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