

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:****Proposing Faculty Group**
*(if applicable):***Proposal Contact****Name:** Katherine Kenny**Phone number:** 602-496-1719**Title:** Associate Dean**Email:** katherine.kenny@asu.edu**Existing Program Information****Program Type:** Concentration **Academic Level:** Graduate**Degree Type:** Other *If other specify* Doctor of Nursing Practice DNP**Name:** Advanced Nursing Practice **Concentration (if applicable)** (Community Health Advanced Practice)**Plan code(s) for the program:**

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

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: 2018-19**Briefly describe the rationale for disestablishment:**

No students are enrolled in this concentration. Certification requirements for DNP degrees state the program must have faculty who hold the certification. We do not have any faculty with this concentration.

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 other programs. We have not offered the specialty for several years.

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 08:53:05 -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: Alfredo Chiles Date: 3/23/2018

Vice Provost for Undergraduate Education Name: _____

Signature: _____ Date: / /20