

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 certificate.

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.

N/A

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 certificate does not currently accept applications.

Additional information:

Provide any relevant information not required above that will assist in evaluating the proposal.

N/A


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


Digitally signed by Teri Pipe
 DN: cn=Teri Pipe, o=Arizona State University, ou=College of Nursing &
 email=teri.pipe@asu.edu, c=US
 Date: 2018.02.27 13:04:56 -07'00

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: 3/1/2018

Vice Provost for Undergraduate Education Name:

Signature:

Date: / /20