

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]. 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: Degree **Academic Level:** Undergraduate
Degree Type: BS-Bachelor of Science
Name: Health Innovation **Concentration *(if applicable)*** ()

Proposed Program Name

Name: Health Entrepreneurship and Innovation **Concentration *(if applicable)*** ()

Plan code(s) for the program:

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

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 graduates seek leadership opportunities in health care settings that create environments of innovation. This degree attracts entrepreneurial-thinking students who seek solutions to health-related problems. Until recently, there were no specific courses or environments for these students focusing specifically on health entrepreneurship. Responding to this need, the health innovations programs added two new courses (HCI 150: Intro to Health Innovation; HCI 250: Health Entrepreneurship and Value Creation) and the Health Entrepreneur Accelerator Lab (HEALab), the only entrepreneurship and innovation (E+I) space on the ASU downtown campus open to all students with in-person and live-streaming content for participants. The addition of health entrepreneurship to our degree name will attract additional students and address the entrepreneurship design aspiration of the university. The degree map will be enhanced to require these new courses and additional courses offered by the university that focus on business development, finance, and marketing.

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

Current students (50 Downtown, 29 West, 68 Online) are not expected to be impacted but may choose to take new courses on health entrepreneurship courses as elective coursework. We anticipate the name change will positively increase enrollment for this degree on all campuses once approved. We will add entrepreneurship to our degree description and enhance our undergraduate recruitment effort and marketing strategies to communicate likely career opportunities for graduates.

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:** 3/20/2018 _____

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 _____