

PROPOSAL TO CHANGE THE NAME OF AN ACADEMIC PROGRAM (Degree, Concentration, Certificate, Minor)

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.

| | Co | llege | /Schoo | ol/Ins | stitute: |
|--|----|-------|--------|--------|----------|
|--|----|-------|--------|--------|----------|

College of Nursing and Health Innovation

Department/Division/School:

Dean's office

Proposing Faculty Group

N/A

(MS)

(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:

Master of Science

Academic Level:

Graduate

Degree Type: Other If other specify

MS in Aging and

Name:

Lifespan Development

Concentration (if applicable)

()

Proposed Program Name

Name:

MS in Aging

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. LAALDMS

Requested effective date: 2019-20

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.



PROPOSAL TO CHANGE THE NAME OF AN ACADEMIC PROGRAM (Degree, Concentration, Certificate, Minor)

Briefly describe the proposed change and rationale for the change:

We propose to rename the MS in Aging and Lifespan Development to the MS in Aging. In contrast to the MS degree, the proposed MS in Aging degree will draw from the educational competencies of the Academy for Gerontology in Higher Education that emphasize theoretical, empirical and evidence-based practices focusing on key current and future issues faced by mid-life and older adults. Currently, there is no preferred term for the field; Aging and Gerontology tend to be used interchangeably. For example, the two leading interdisciplinary professional organizations in the U.S. are The Gerontological Society of America and the American Society on Aging.

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

There are no students enrolled in this program at this time.

| 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: | Judith Karshmer, PhD, PMHCNS-BC, FAAN Date: 1/14/2019 | = | | | | | |
| 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) | | | | | | | |
| | V 11 | | | | | | |
| Graduate College (<i>if applicable</i>) Name: | | | | | | | |
| Signature: Office of the University Provost Name: | alfredo Orto Date: /1242 | <u>0/9</u> | | | | | |
| Signature: | Date: /_ /2 | .0 | | | | | |