

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 Health Solutions

Department/Division/School: School of Nutrition and Health Promotion

Proposing Faculty Group
(if applicable):

Proposal Contact

Name: Ann Sebren **Title:** Principal Lecturer
Phone number: 602-496-1851 **Email:** asebren@asu.edu

Existing Program Information

Program Type: Concentration **Academic Level:** Graduate
Degree Type: Other *If other specify:* MS
Name: Master of Science in Exercise and Wellness **Concentration (if applicable)** (Healthy Aging)

Plan code(s) for the program:

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

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: 2019-20

Briefly describe the rationale for disestablishment:

This concentration has had low enrollment with no more than 2 students applying for this concentration in any one year. There were no applicants for this concentration for academic year 2017-2018. The Master of Science in Exercise and Wellness (ECEXERMS) plans to retain the current courses offered in this concentration and convert this area from a concentration to a more flexible focus of study along with two other areas that will be proposed for the degree. Additionally, this will streamline administration of the MS EXW degree as all areas of study will be administered under 1 plan code

Impact on other existing programs:

May include availability of course content for students in other majors who may need it; other.
 None. No courses were developed specifically for this concentration that are required by other programs.

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 currently 4 students enrolled in the Healthy Aging concentration. The projected graduation dates for the last graduates in this program is Fall 2018.

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.

Applications for this program should close immediately upon approval of disestablishment.


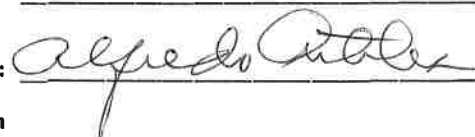
Current applicants:

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.

There is 1 current applicant for this program. We can accommodate this student through enrollment in the MS EXW degree (ECEXERMS). The student will be able to take all currently required core courses as well as all currently required concentration courses as a focus area of study within the MS EXW degree.

Additional information:

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

DEAN APPROVAL(S)	
<p>This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation of the proposed name change.</p>	
<p>College/School/Division Dean name:</p>	<p>Signature: <u></u> Date: <u>2/1/2018</u>¹³</p>
<p>College/School/Division Dean name: <i>(if more than one college involved)</i></p>	<p>Signature: _____ Date: ____ / ____ / 20</p>
<p><i>Note: An electronic signature, an email from the dean or dean's designee, or a PDF of the signed signature page is acceptable.</i></p>	
University Approval(s)	
<p>Dean, Graduate College</p>	<p>Name: _____</p>
<p>Vice Provost for Undergraduate Education</p>	<p>Signature: <u></u> Date: <u>2/22/2019</u></p>
<p>Name: _____</p>	<p>Signature: _____ Date: ____ / ____ / 20</p>