

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.

College/School/Institute:

College of Health Solutions

Department/Division/School:

Nutrition

Proposing Faculty Group

MS Nutrition Degree Coordinator

(if applicable): Proposal Contact

> Christina Shepard Name:

Clinical Professor/MS in Nutrition Degree

Title:

Phone Number:

496-1855

Email:

tina.shepard@asu.edu

Coordinator

Existing Program Information

Program Type:

Degree

Academic Level:

Graduate

Degree Type: Other If other specify Master of Science

Name:

Nutrition

Concentration (if applicable)

(Dietetics)

Proposed Program Name

Name:

Nutritional Science

Concentration (if applicable)

(Dietetics)

Plan code(s) for the program:

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

ECHNUTMS; ECNTRDMS

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.



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Briefly describe the proposed change and rationale for the change:

This name change is being requested to better differentiate the graduate degrees being offered by the ASU Nutrition Program. The term "nutrition" is very broad, so all current and new degrees offered can fall under this terminology. The primary objective of this graduate program in nutrition is to provide advanced training in nutrition research, thus the proposed name of "Nutritional Science" better reflects that this MS degree is a research-based degree.

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

There should be no impact on current students or enrollment. Based on informal discussions with our current MS students, they are supportive of the name change since they believe this MS degree has an emphasis on scientific research and this name better reflects that.

DEAN APPROVAL(S)	
This proposal has been approved by all necess	sary unit and College/School levels of review. I recommend implementation of
the proposed name change.	
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College/School/Division Dean name:	Deborah Helitzer
	$11 \cdot 11 $
Signature	Viloral Half pate: 2/13/2019
College/School/Division Dean name: (if more than one college involved)	No.
	D-4 / /20
Note: An electronic vianatura, an email from the	dean or dean's designee, or a PDF of the signed signature page is acceptable.
Note: An electronic signature, an email from the	dean or dean's designee, or a 1221 of the signed signature page is acceptable.
University Approval(s)	
Graduate College (if applicable)	
Name:	
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Signature:	Clfredo Wills Date: 2 12420/9
Office of the University Provost	
Name:	V
Signature:	Date: / /20
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