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 (if applicable): MS Nutrition Degree Coordinator

Proposal Contact
Name: Christina Shepard
Title: Clinical Professor/MS in Nutrition Degree Coordinator
Phone Number: 496-1855
Email: tina.shepard@asu.edu

Existing Program Information
Program Type: Degree
Degree Type: Other Master of Science
Name: Nutrition
Academic Level: Graduate
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.
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 necessary unit and College/School levels of review. I recommend implementation of the proposed name change.

College/School/Division Dean name: 
Deborah Helitzer

Signature: 
Date: 2/13/2019

College/School/Division Dean name: 
(if more than one college involved)

Signature: 
Date: 1/10

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 College (if applicable)
Name:

Signature: 
Date: 2/27/2019

Office of the University Provost
Name: 

Signature: 
Date: 1/10