

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:** Nutrition

**Proposing Faculty Group (if applicable):** Sandra Mayol-Kreiser

**Proposal Contact**

**Name:** Sandra Mayol-Kreiser **Title:** Clinical Professor  
**Phone number:** 602-496-1862 **Email:** sandra.mayol-kreiser@asu.edu

**Existing Program Information**

**Program Type:** Degree **Academic Level:** Graduate

**Degree Type:** (Select one) *If other specify* Master of Science

**Name:** Obesity Prevention and Management **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.  
 NHOBSMS

**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:**

Propose disestablishment of the MS in Obesity and Prevention and Management (OBS) due to low enrollment in the last three years and request from the Dean's office to disestablish the program.

**Impact on other existing programs:**

May include availability of course content for students in other majors who may need it; other.

No impact to existing 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).

Currently we have 10 students in the OBS degree. At this time, anticipate Spring 2021 for the graduation date for the last graduates. Classes will be offered for current students until completion of the program.

**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.

No application received for this program since Fall 2018. Request application to be close immediately upon approval.



**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.

No current application for this program.

**Additional information:**

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

<b>DEAN APPROVAL(S)</b>	
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: 2/11/2019
College/School/Division Dean name: <i>(if more than one college involved)</i>	Signature _____ Date: ____ / ____ / 20__
<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>	
<b>University Approval(s)</b>	
Dean, Graduate College Name:	Alfredo Artiles
Signature:	 Date: 3/21/2019
Vice Provost for Undergraduate Education Name:	Signature _____ Date: ____ / ____ / 20__