

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: Health Solutions
Proposing Faculty Group
(if applicable):

Proposal Contact

Name: Simin Levinson **Title:** Clinical Associate Professor
Phone Number: (602) 496-1865 **Email:** simin.levinson@asu.edu

Existing Program Information

Program Type: Degree **Academic Level:** Undergraduate
Degree Type: Other *If other specify* BAS
Name: Applied Science **Concentration** *(if applicable)* (Food Service Management)

Proposed Program Name

Name: Applied Science **Concentration** *(if applicable)* (Food and Nutrition Entrepreneurship)

Plan code(s) for the program:

If this is a degree program that has multiple concentrations, list all program names and plan codes impacted.
Applied Science (Food Service Management) Plan Code: ECNTRBAS

Requested effective date: 2020-21

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:

The enrollment for this immersion degree has been very low (1-3 per semester). By renaming this degree, the college anticipates a large improvement in enrollment. Market analysis for Entrepreneurship/Entrepreneurial studies show that these terms are ranked very high, meaning there is a demand for the program.


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

Students will be notified by their advisors of the name change. The name change should present students with better employment opportunities, and should increase enrollment based on CIP code research.

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:** 10 /30/2019

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)

Graduate Education (if applicable)

Name: _____

Signature: _____ **Date:** _____ / ____ /20

Office of the University Provost

Name: _____

Signature: _____ **Date:** _____ / ____ /20