

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 Nursing and Health Innovation

**Department/Division/School:** N/A

**Proposing Faculty Group (if applicable):** N/A

**Proposal Contact**

**Name:** Katherine Kenny **Title:** Associate Dean  
**Phone number:** 602-496-1719 **Email:** katherine.kenny@asu.edu

**Existing Program Information**

**Program Type:** Concentration **Academic Level:** Graduate  
**Degree Type:** Other *If other specify* Master of Science  
**Name:** Nursing **Concentration (if applicable)** (Patient Safety and Health Care Quality)

**Plan code(s) for the program:**

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

**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:** Fall 2020

**Briefly describe the rationale for disestablishment:**

Enrollment for this concentration has been very low despite active marketing efforts. There have been less than 5 graduates from this program. The market to sustain this concentration does not exist.

**Impact on other existing programs:**

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

**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 three students in this major. They are all on track to graduate Spring 2020.

**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.

Please close applications 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.

Any current applicants will be advised to move to the MS in Nursing (NUNURDTMS) degree or MS in Nursing (Nursing Education) (NUNURSEDMS) concentration.

**Additional information:**

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

N/A

**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: Judith Karshmer, Dean

Signature See attached Date: 9/17/2019

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 College Name: \_\_\_\_\_

Signature:  Date: 1/17/2020

Vice Provost for Undergraduate Education Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date:  / /20

**From:** Susan Draughn  
**Sent:** Tuesday, September 24, 2019 1:29 PM  
**To:** Curriculum Planning <CurriculumPlanning@exchange.asu.edu>  
**Cc:** Katherine Kenny <Katherine.Kenny@asu.edu>  
**Subject:** disestablishments

On behalf of Dr. Kathy Kenny, attached are disestablishment requests that were approved on the academic plan, dated 2/15/19.

Dean Judith Karshmer has indicated approval of these forms below.

Please let me know if further information is needed.  
Thanks.

*Susan Draughn*  
Executive Coordinator

**ASU** Edson College of Nursing and Health Innovation  
Arizona State University

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[susan.draughn@asu.edu](mailto:susan.draughn@asu.edu)

**From:** Judith Karshmer (DEAN)  
**Sent:** Tuesday, September 24, 2019 1:23 PM  
**To:** Susan Draughn <[Susan.Draughn@asu.edu](mailto:Susan.Draughn@asu.edu)>  
**Subject:** Re: approval needed

Approved!

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Judith F. Karshmer, PhD, PMHCNS-BC, FAAN  
Dean & Professor

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