

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:**

**Proposing Faculty Group**  
*(if applicable):* Nutrition

**Proposal Contact**

<b>Name:</b>	<u>Simin Levinson</u>	<b>Title:</b>	<u>Clinical Associate Professor</u>
<b>Phone number:</b>	<u>(602) 496-1865</u>	<b>Email:</b>	<u>simin.levinson@asu.edu</u>

**Existing Program Information**

<b>Program Type:</b>	Concentration	<b>Academic Level:</b>	Undergraduate
<b>Degree Type:</b>	BS-Bachelor of Science <i>If other specify</i>		
<b>Name:</b>	Nutrition	<b>Concentration</b> <i>(if applicable)</i>	(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.  
 Nutrition (Dietetics) plan code ECNTRDBS  
 Nutrition (Human Nutrition) plan code ECNTRHBS

**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:** 2020-21

**Briefly describe the rationale for disestablishment:**

We propose to disestablish the concentration in Dietetics. Dietetics has been proposed and approved as a stand-alone undergraduate program, BS Dietetics. The curriculum will remain the same and accreditation status will not be affected by this change.

**Impact on other existing programs:**

May include availability of course content for students in other majors who may need it; other.  
 The courses in this program will be maintained and provided in the BS Dietetics program.

**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).

Fall 2019 enrollment was 231 students. Anticipated date of last graduates is Spring 2023; continuing students and students in articulated transfer pathways will be able to move into the BS Dietetics 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.

Fall 2020

**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.

Students enrolled in the BS Nutrition (Dietetics) program will have the option of staying in this program until graduation or moving into the BS in Dietetics program

**Additional information:**

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

**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:**

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

**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)**

**Vice Provost for Graduate Education Name:** \_\_\_\_\_

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

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

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

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**UNIT AND PROGRAM INFORMATION**

**College/School/Institute:** College of Health Solutions

**Department/Division/School:** Health Solutions

**Proposing Faculty Group (if applicable):** Nutrition

**Proposal Contact**

<b>Name:</b>	<u>Simin Levinson</u>	<b>Title:</b>	<u>Clinical Associate Professor</u>
<b>Phone number:</b>	<u>(602) 496-1865</u>	<b>Email:</b>	<u>simin.levinson@asu.edu</u>

**Existing Program Information**

<b>Program Type:</b>	Concentration	<b>Academic Level:</b>	Undergraduate
<b>Degree Type:</b>	BS-Bachelor of Science <i>If other specify</i>		
<b>Name:</b>	Nutrition	<b>Concentration (if applicable)</b>	(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.  
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 Nutrition (Human Nutrition) plan code ECNTRHBS

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**Additional information:**

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

**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: 6/25/2019

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)**

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

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

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

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

