

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)** (Nursing Informatics)

Plan code(s) for the program:

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

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 and recruiting. There have been less than 5 graduates from this degree. The target market for this degree no longer exists.

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).

Students in this major graduated Spring 2019.

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)	
<p>This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation of the proposed name change.</p>	
<p>College/School/Division Dean name:</p>	<p>Judith Karshmer, Dean</p>
<p style="text-align: right;">Signature <u>See attached</u></p>	<p style="text-align: right;">Date: <u>9/17/2019</u></p>
<p>College/School/Division Dean name: <i>(if more than one college involved)</i></p>	<p style="text-align: right;">Signature _____ Date: <u> / /20</u></p>
<p><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></p>	
University Approval(s)	
<p>Graduate College Name: _____</p>	<p style="text-align: right;">Signature:  Date: <u>1/17/2020</u></p>
<p>Vice Provost for Undergraduate Education Name: _____</p>	<p style="text-align: right;">Signature: _____ Date: <u> / /20</u></p>

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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Work: 602.496.0907 | Fax: 602.496.0545 |
susan.draughn@asu.edu

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

Approved!

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

ASU Edson College of
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