

This template is to be used to propose moving an academic program to another academic organization, or within its current academic organization. A separate proposal must be submitted for each individual academic program in order to change its academic organization. Proposals to move degree programs from one college/school to another must be pre-approved on the annual Academic Plan submitted to ABOR.

PROGRAM INFORMATION

College/School/Institute: Ira A. Fulton Schools of Engineering
Unit(s) within college/school responsible for Academic program (Academic ORG): CBIOENG
Requested effective term: Fall and year: 2020
Plan Description: Biological Design
Degree/Program Offered: Ph.D.
Plan Code: GCBDSPHD
CIP Code: 14.0501

Current Information:		Proposed Information	
Organization Code:	CBIOENG	Organization Code:	CMULTISCI
Description:	Bioengineering	Description:	School for Engineering of Matter, Transport and Energy
Contact:	Jessica Meeker	Contact:	Mia Kroeger
Email/Phone:	jessica.meeker@asu.edu/	Email/Phone:	mia.kroeger@asu.edu/480 727 9318

Rationale for the proposed change:


The Biological Design PhD program is highly interdisciplinary involving faculty and PhD students who perform research in bio-health, bio-energy, and bio-environmental areas. In contrast to School of Biological and Health Systems Engineering (SBHSE) which primarily focuses on bio-health research, School for Engineering of Matter, Transport and Energy (SEMTE) has a much broader portfolio, which covers all research areas in the Biological Design PhD program. The broader scope in research will enable the program to be more inclusive and more importantly, promote more interdisciplinary research collaboration and student training.

PROPOSAL CONTACT

Name: Mia Kroeger **Title:** Assistant Director, Academic Services
Phone Number: 480 727 9318 **Email:** mia.kroeger@asu.edu

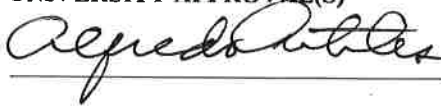
DEAN APPROVAL(S)

This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation of the proposed organizational change.

College/School/Division Dean name: James S. Collofello
Signature  **Date:** 6/27/2019
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)

Approved by Graduate College  **Date:** 1-9-20
Office of the University Provost **(final approval)** _____ **Date:** _____
Processed by- University Registrar's Office _____ **Date:** _____