

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](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: College of Health Solutions
Proposing Faculty Group
(if applicable):

Proposal Contact

Name: Corrie Whisner **Title:** Assistant Professor
Phone Number: 602-496-3348 **Email:** cwhisner@asu.edu

Existing Program Information

Program Type: Degree **Academic Level:** Undergraduate
Degree Type: BS-Bachelor of Science *If other specify* _____
Name: Nutrition **Concentration (if applicable)** ()

Proposed Program Name

Name: Nutritional Sciences **Concentration (if applicable)** ()

Plan code(s) for the program: This degree must have a new plan code other than NHNTRBS.

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

The other Nutrition concentrations are being disestablished rather than renamed in favor of the revised curriculum of this program, the BS in Food and Nutrition Entrepreneurship and the new BS in Dietetics. The Provost’s Office has agreed to create a new plan code for this degree to accommodate existing graduates.

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:

We are requesting that the BS in Nutrition degree program be renamed as the BS in Nutritional Sciences to better align with the goals of the college, student outcomes for career and life success, and to provide a path towards graduate training in nutrition and other health-related fields. At this time, the nutrition program does not have a designed path towards nutrition graduate programs. Implementation of this new degree title (along with new proposed courses) will achieve this.


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

This change will make it explicitly clear to students that this track will prepare them for graduate programs, something students are increasingly interested in. This degree program will have two tracks available to students: (1) Nutrition research as a path towards MS and PhD programs; and (2) Integrative Nutrition to prepare students for further training in holistic or naturopathic medicine. The increased demand for advanced degrees in the broad field of nutrition will lead to enhanced enrollment in this program and current students may wish to switch to this program.

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:** 1/14 /2020

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