

## PROPOSAL TO CHANGE THE NAME OF AN ACADEMIC PROGRAM (Degree, Concentration, Certificate, Minor)

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]. 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: Department/Division/School: Proposing Faculty Group (if applicable):	College of Health Solutions College of Health Solutions					
Proposal Contact						
Name:	Karen Gregory- Mercado	Title:	Degree Director and Lecturer, Sr.			
Phone Number:	Email: Karen.Gregory-Merc		rcado@asu.edu			
Existing Program Information						
Program Type:	Concentration	Academic Lev	vel:	Undergraduate		
Degree Type: BS-Bachelor of Science If other specify						
Name:	Health Sciences	Concentrati	on (if applicable)	(Healthy Lifestyles Coaching)		
Proposed Program Name						
Name:	Health Sciences	Concentrati	on (if applicable)	(Healthy Lifestyles and Fitness Science)		

# Plan code(s) for the program:

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

## Requested effective date: 2021-22

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:

The curriculum of this degree program has been recently revised to provide a curriculum that includes both healthy lifestyles coaching and fitness/exercise science, and the new title better reflects the expanded curriculum. This curriculum will allow students a broader range of employment options after graduation. A survey was deployed to current students in the program with the following results: 92.2% of students responded positively or neutral regarding the name change; 92.2% of students responded positively or neutral that they would enroll in the degree with the new name.

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

The College of Health Solutions Student Success team will develop a communication plan to officially notify students of the name change via email, website additions, newsletter announcements, and advising interactions. A survey was sent to all current students to provide their feedback or share any concerns; however the reception was overwhelmingly positive. We anticipate enrollment to grow, particularly in the online space, with the inclusion of the fitness curricular component specified in the program title.

## DEAN APPROVAL(S)

This proposal has been approved by all necessa the proposed name change.	ry unit and College/School level	s of review. I recomme	nd implementation of
College/School/Division Dean name: Deborah	Helitzer Detrat Heltz Date	e: <u>10/6/2020</u>	
<b>College/School/Division Dean name:</b> ( <i>if more than one college involved</i> )			
<b>Signature</b> Note: An electronic signature, an email from the a	Date Date dean or dean's designee, or a PDF	e: / /20	nage is accentable
	University Approval(s)		
Graduate Education ( <i>if applicable</i> ) Name:			
Signature:			<b>Date:</b> / /20
Office of the University Provost Name:			
Signature:			<b>Date:</b> / /20