

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:** College of Health Solutions

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

**Proposal Contact**

**Name:** Kate Brown      **Title:** Director, Academic Success and Innovation  
**Phone number:** 480-727-4672      **Email:** katebrown@asu.edu

**Existing Program Information**

**Program Type:** Certificate      **Academic Level:** Undergraduate

**Degree Type:** Certificate *If other specify*

**Name:** Integrated Behavioral Health      **Concentration** *(if applicable)* ( )

**Plan code(s) for the program:**

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

**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:** 2021-2022

**Briefly describe the rationale for disestablishment:**

The Undergraduate Certificate in Integrated Behavioral Health was created to promote applications to the Doctor of Behavioral Health degree programs. However, due to low interest from students, along with the shift of faculty and staff focus on expanding their master's and doctoral programs, the College of Health Solutions proposes to disestablish the certificate.

**Impact on other existing programs:**

*May include availability of course content for students in other majors who may need it; other.*  
This will not impact any other programs. Courses specific to this program were never developed or taught.

**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).

Current enrollment is zero. There have never been any students enrolled in this 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.

Requesting the application to close immediately

**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.

There are no applicants in the pipeline for this program

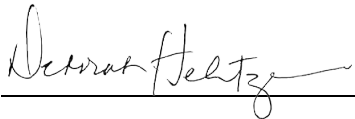
**Additional information:**

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:** Deborah Helitzer

**Signature**  **Date:** 10/ 6/2020

**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)**

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

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

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

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