

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: The College of Liberal Arts and Sciences

Unit(s) within college/school responsible for Academic program (Academic ORG): CPSYCH

Requested effective term: Fall **and year:** 2021

Plan Description: Neuroscience
Degree/Program Offered: Bachelor of Science
Plan Code: LABMENBS
CIP Code: 26.1501

Current Information:		Proposed Information	
Organization Code:	CLIFESCI	Organization Code:	CPSYCH
Description:	School of Life Sciences	Description:	Department of Psychology
Contact:	Dr. Kenro Kusumi	Contact:	Dr. Steven Neuberg
Email/Phone:	Kenro.Kusumi@asu.edu 480-965-9215	Email/Phone:	Steven.Neuberg@asu.edu 480-965-7845

Rationale for the proposed change:

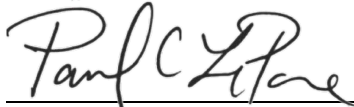
Neuroscience is inherently an interdisciplinary degree, and neuroscientists exist in a variety of departments and schools at ASU. A interdisciplinary team reviewed the existing, concurrent Neuroscience major and recommended that the redesigned stand-alone major, with both on-ground and online options, would be best managed by the Dept. of Psychology, with courses taught from units across the university, as well as new neuroscience courses in multiple modalities that will incorporate best practices in delivering neuroscience curricula and take advantage of the rapid advances in the field.

PROPOSAL CONTACT

Name: Dr. Clark Presson **Title:** Professor
Phone Number: 480-965-1617 **Email:** presson@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: Paul C, LePore, Ph.D.
Signature  **Date:** 12/10/2020

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)

Approved by Graduate Education
(if applicable) _____ **Date:** _____

Office of the University Provost
(final approval) _____ **Date:** _____

Processed by- University Registrar's Office _____ **Date:** _____

