

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: College of Health Solutions
Department/Division/School: College of Health Solutions
Proposing Faculty Group
(if applicable):

Proposal Contact

| | | | |
|----------------------|-----------------|---------------|------------------------------|
| Name: | Simon Holzapfel | Title: | Clinical Assistant Professor |
| Phone Number: | (602)827-2873 | Email: | Simon.Holzapfel@asu.edu |

Existing Program Information

| | | | |
|----------------------|--|--------------------------------------|---------------|
| Program Type: | Degree | Academic Level: | Undergraduate |
| Degree Type: | BS-Bachelor of Science <i>If other specify</i> | | |
| Name: | Exercise and Wellness | Concentration (if applicable) | () |

Proposed Program Name

| | | | |
|--------------|---------------------------|--------------------------------------|-----|
| Name: | Clinical Exercise Science | 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.
 ECEXERBS

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 name change to "clinical exercise science" is considered necessary because the redesign of the degree focuses on clinical exercise physiology and exercise for the treatment of chronic diseases. We believe that the name "exercise and wellness" does not capture or convey the focus and purpose of the degree. The degree does also have a strong emphasis on scientific literacy and evidence-based practice which is reflected by the term "science." Surveys of high school students and current majors revealed a strong preference for the name "clinical exercise science" over "exercise and wellness."

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

The name change will not significantly impact current students. The new name is widely accepted within the exercise industry and will more accurately convey the focus and content of the degree to potential employers. We also hope that the new name will help increase enrollment in the long term as it is perceived to be more attractive and better conveys the career focus to prospective students and their parents. The CHS Student Services and Marketing teams will manage the communication to current students.

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 Deborah Helitzer **Date:** 12/15/2020

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