Code # Enter text…

**Program, Minor, or Emphasis Deletion Proposal Form**

**Undergraduate Curriculum Council** - Print 1 copy for signatures and save 1 electronic copy.

**Graduate Council** - Print 1 copy for signatures and send 1 electronic copy to [pheath@astate.edu](mailto:pheath@astate.edu)

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date… **Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **COPE Chair (if applicable)** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date… **Department Chair:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **General Education Committee Chair (If applicable)** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date… **College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Undergraduate Curriculum Council Chair** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date… **College Dean** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Graduate Curriculum Committee Chair** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…  **Vice Chancellor for Academic Affairs** |

**1. Title of Program, Minor, or Emphasis**

Enter text...

**2. Contact Person** (Name, Email Address, Phone Number)

Enter text...

**3. Last semester program/minor/emphasis will be offered**

Enter text...

Please clarify by selecting one of the following:

1. Remove [Select Program/Minor/Emphasis]from bulletin for [Select Term] [Select Year]
2. Other - Please clarify - Click here to enter text.

**4. Student Population**

a. The [Select Program/Minor/Emphasis] was initially created for what student population?

Enter text...

b. How will deletion of this [Select Program/Minor/Emphasis] affect those students?

Enter text...

**College, Departmental, or Program Changes**

**5.** a. How will this affect the college, department, and/or program?

Enter text...

b. Does this program/minor/emphasis affect another department? [Click to choose an item.]

If yes, please provide contact information from the Dean, Department Head, and/ or Program Director whose area this affects.

Enter text...

c. Please provide a short justification for why this program/minor/emphasis is being deleted from program.

Enter text...

**6. Is there currently a program/minor/emphasis** **listed in the bulletin which is equivalent to this one?** [Click to choose an item.]

If yes, which program/minor/emphasis(s)?

Enter text...

**7. Will this current program/minor/emphasis be equivalent to a new program/minor/emphasis?** [Click to choose an item.]

If yes, what program/minor/emphasis?

Enter text...

**Bulletin Changes**

|  |
| --- |
| **Instructions** |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Follow the following guidelines for indicating necessary changes.**  **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.**  - Deleted courses/credit hours should be marked with a red strike-through (~~red strikethrough~~)  - New credit hours and text changes should be listed in blue using enlarged font (blue using enlarged font).  - Any new courses should be listed in blue bold italics using enlarged font (***blue bold italics using enlarged font***)  *You can easily apply any of these changes by selecting the example text in the instructions above, double-clicking the ‘format painter’ icon 🡪 , and selecting the text you would like to apply the change to.*  *Please visit* [*https://youtu.be/yjdL2n4lZm4*](https://youtu.be/yjdL2n4lZm4) *for more detailed instructions.* |

Paste bulletin pages here...

**Letter of Notification – 5**

**Deletion**

(Certificate, Degree, Option, Organizational Unit)

1. Institution submitting request:

Click here to enter text.

1. Contact person and title

Click here to enter text.

1. Phone number/email address

Click here to enter text.

1. Proposed effective date:

Click here to enter text.

1. Title of certificate, degree program, option, or organizational unit:

Click here to enter text.

1. CIP code: Click here to enter text.
2. Degree Code: Click here to enter text.
3. Reason for deletion:

Click here to enter text.

1. Number of students still enrolled in program: Click here to enter text.
2. Expected graduation date of last student: Click here to enter a date.
3. Name of Courses that will be deleted as a result of this action:

Click here to enter text.

1. How will students in the deleted program be accommodated?
   1. Provide documentation of written notification to students currently enrolled in program

Click here to enter text.

1. Indicate the amount of program funds available for reallocation

Click here to enter text.

1. Provide additional program information if requested by ADHE staff.

Click here to enter text.

President/Chancellor Approval Date: Click here to enter a date.

Board of Trustees Notification Date: Click here to enter a date.

Chief Academic officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Enter date.

Name (printed): Click here to enter text.