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| For Academic Affairs and Research Use Only | |
| Proposal Number |  |
| CIP Code: |  |
| Degree Code: |  |

**Deactivate/Reactivate Program Form**

(Also requires Arkansas Department of Higher Education (ADHE) approval)

**[ ] Undergraduate Curriculum Council**

**[ ] Graduate Council**

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

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| --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Department Curriculum Committee Chair** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **COPE Chair (if applicable)** |
| |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Department Chair** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Head of Unit (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 |   **General Education Committee Chair (if applicable)** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Vice Chancellor for Academic Affairs** |

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

Enter text...

1. **Title of degree program**:

Enter text...

1. **Proposed effective date** (last date for new student enrollments):

Enter text...

1. **Reason for proposed action**:

\_\_\_\_\_ **Inactive status – No new students can be admitted to the program after the effective date.** (Program on inactive status for 5 years will be removed from the AHECB approved program inventory.)

Provide the following information:

* + 1. Reason for proposed action - placing program on inactive status.

Enter text...

* + 1. Number of students enrolled in program.

Enter text...

* + 1. How will students in the inactive program be accommodated?

Enter text...

* + 1. Projected program completion date.

Enter text...

* + 1. Provide documentation of written notification to students currently enrolled in the program.

Enter text...

\_\_\_\_\_\_ **Reactivate program** (Program on inactive status less than 5 years):

Provide the following information:

* + - 1. Justification for program reactivation.

Enter text...

* + - 1. Curriculum outline by semester including total semester credit hours required.

Enter text...

* + - 1. List of new courses.

Enter text...

* + - 1. New course descriptions.

Enter text...

* + - 1. Program goals and objectives.

Enter text...

* + - 1. Expected student learning outcomes.

Enter text...

* + - 1. Program approval letter from licensure/certification entity, if required.

Enter text...

* + - 1. Scheduled program review date (within 10 years of program implementation)

Enter text...

* + - 1. Provide a copy of written notification to other institutions in the area of the proposed program offering.

Enter text...