DEACTIVATE/REACTIVATE PROGRAM FORM

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

[ ]   **Undergraduate Curriculum Council**

[X]   **Graduate Council**

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

Zahid Hossain 2/22/2023		ENTER DATE
Department Curriculum Committee Chair	**COPE Chair (if applicable)**	

Zahid Hossain 2/24/2023		ENTER DATE
Department Chair	**Head of Unit (if applicable)**	

Zahid Hossain 2/24/2023		ENTER DATE
College Curriculum Committee Chair	**Undergraduate Curriculum Council Chair**	

Abhijit Bhattacharyya 2/24/2023		ENTER DATE
College Dean	**Graduate Curriculum Committee Chair**	

ENTER DATE	Len Frey 4/5/23
General Education Committee Chair (if applicable)	**Vice Chancellor for Academic Affairs**

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1. **Contact Person** (Name, Email Address, Phone Number)
Zahid Hossain, mhossain@astate.edu, 1-870-680-4299

2. **Title of degree program**:
    Master of Science in Engineering, MSE

3. **Proposed effective date** (last date for new student enrollments):
Fall 2023 (08/31

4. **Reason for proposed action**:

__X__ **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:
a.   Reason for proposed action - placing program on inactive status.
New MSCE, MSEE, and MSME programs to take the place of these programs
b.   Number of students enrolled in program.
11
c.   How will students in the inactive program be accommodated?
Students will transition to either MSCE, MSEE, or MSEE based on their current emphasis area
d.   Projected program completion date.
January 1, 2024
e.   Provide documentation of written notification to students currently enrolled in the program.
The following memo was sent to all students enrolled in the MSE program on 02/23/2023

I am pleased to inform you that the Arkansas Department of Higher Education (ADHE) has approved the reconfiguration of the current Master of Science in Engineering (MSE) program into three different separate programs: Master of Science in Civil Engineering (MSCE), Master of Science in Electrical Engineering (MSEE), and Master of Science in Mechanical Engineering (MSME). Any current MSE student who will graduate in the spring and summer of 2023 will graduate under the current program (i.e., MSE). Those who will graduate after summer 2023 can be grandfathered into any of the appropriate new programs (MSCE, MSEE, or MSME). Please see me in the first two weeks of fall 2023 to discuss and decide your plan of action so that you are transitioned to one of the newly approved MS programs. If you have any questions about this matter, please do not hesitate to contact me or your academic advisor.

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

Provide the following information:
a.   Justification for program reactivation.
Enter text…
b.   Curriculum outline by semester including total semester credit hours required.
Enter text…
c.   List of new courses.
Enter text…
d.   New course descriptions.
Enter text…
e.   Program goals and objectives.
Enter text…
f.   Expected student learning outcomes.
Enter text…
g.   Program approval letter from licensure/certification entity, if required.
Enter text…
h.   Scheduled program review date (within 10 years of program implementation)
Enter text…
i.   Provide a copy of written notification to other institutions in the area of the proposed program offering.
Enter text…

Letter of Notification

A Letter of Notification is required for programmatic and organizational changes that do not require prior review by the Coordinating Board unless requested. The Letter of Notification with supporting documentation must be submitted to ADHE by the established deadlines. All changes in existing programs/units or requests for new programs/units may be approved by the ADHE Director for immediate implementation and must be included on the agenda of the next scheduled Coordinating Board meeting. This form sets forth the relevant criteria and compliance procedures for institutions submitting letters of notification.

Please complete the Institution information below and Category 1, 2, or 3, depending on the requested change.

Institution:

Name of Provost/Chief Academic Officer   Signature   Date

President/Chancellor Approval Date

Board of Trustee Approval/Notification Date

Contact Person: Contact Person's Title:

Contact Phone Number: Contact Email Address

Category 1:   New or Existing Program Modification (*select all that apply*)

Title or CIP change

Joint Bachelor/Master's degree (2+2, 3+1, or 4+1 Program)

Program reconfiguration *attach copy of before & after curriculum*

Program curriculum revision *attach copy of before and after curriculum*

Existing program offered by distance technology

Existing certificate or degree program offered at an existing off-campus location

New certificate program (certification of proficiency, technical certificate, or graduate certificate) *attach copy of curriculum*

Effective Date: Effective Term: Effective Academic Year:

	Before Proposed Changes	After Proposed Changes/New Program
Program/Certificate Title		
Degree Code		
CIP Code		
% Online (*if applicable*)		

Reason for Proposed Action (*attach additional pages as needed*)

Category 2:   Program Deletion/Inactive or Reactivation

Delete program/option/emphasis/track *(requires phase-out plan)*

Place program on "Inactive Status" list *(program must have no declared students)*

Reactivation of program from inactive status *(inactive for less than 5 years)*

Effective Date: Effective Term: Effective Academic Year:

Program/Certificate/Option	Degree Code	CIP Code

Reason for Proposed Action (*attach additional pages as needed*)

Category 3:   Instruction/Research/Service Centers and Administrative/Organization Units

Establishment of new instruction, research, or service institute/center *attach synopsis of center's mission and role, physical address, projected annual budget, and funding sources.*

Deletion of instruction, research, or service institute/center.

Establishment of administrative/organization unit *attach copy of before and after organization chart*

Reorganization/Deletion of existing administrative/organization unit *attach copy of before and after organization chart*

Effective Date: Effective Term: Effective Academic Year:

Reason for Proposed Action (*attach additional pages as needed*)

SAVE   ATTACH   SUBMIT   SHOW ATTACHMENTS

Please save and upload this form and supporting documents to: File Transfer System

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