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

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

**[ ] 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.

Email completed proposals to curriculum@astate.edu for inclusion in curriculum committee agenda.

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**Department Curriculum Committee Chair** |

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**COPE Chair (if applicable)** |
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**Department Chair:**  |

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**Head of Unit (If applicable)**   |
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**College Curriculum Committee Chair** |

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**Undergraduate Curriculum Council Chair** |
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**College Dean** |

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**Graduate Curriculum Committee Chair** |
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**General Education Committee Chair (If applicable)**   |

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**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 Program / Minor / Emphasis from bulletin for Fall / Spring / Summer of Year
2. [ ] Other - Please clarify - Click here to enter text.

**4. Student Population**

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

Enter text...

b. How will deletion of this 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. **Yes / No** Does this program/minor/emphasis affect another department?

If yes, provide confirmation of acceptance/approval of changes 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. Yes / No Is there currently a program/minor/emphasis** **listed in the bulletin which is equivalent to this one?**

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

 Enter text...

**7. Yes / No Will this current program/minor/emphasis be equivalent to a new program/minor/emphasis?**

If yes, what program/minor/emphasis?

Enter text...

**Bulletin Changes**

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| **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/Emphasis/Concentration, Organizational Unit)

1. Institution submitting request:

2. Contact person/title:

3. Phone number/e-mail address:

4. Proposed effective date:

5. Title of certificate, degree program, option/emphasis/concentration, or organizational unit:

6. CIP Code:

7. Degree Code:

8. Reason for deletion:

9. Number of students still enrolled in program:

10. Expected graduation date of last student:

11. Name of courses that will be deleted as a result of this action:

12. How will students in the deleted program be accommodated?

13. Provide documentation of written notification to students currently enrolled in program.

14. Indicate the amount of program funds available for reallocation:

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

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.