Proposal for Discontinuation of Undergraduate or Graduate Minor, Certificate or Graduate Specialization

DISCONTINUATION OF:

1. □ Undergraduate Minor □ Undergraduate Certificate
   □ Graduate Minor □ Graduate Certificate □ Graduate Specialization

2. Name of Program: _____________________________________________________________

3. Primary College: _____________ Secondary College: ______________

4. Involved Department(s): ___________________ ___________________________

5. Name and email address of Administrator, Academic Unit or group originating the proposal:
   Name: ___________________________ e-mail address: _________________________

6. Rationale for discontinuation:

7. Availability of similar programs at other Regent’s institutions:

8. Enrollment data for current and previous four years:

9. Complete a survey of students currently enrolled in the program to determine the impact of the discontinuance on their academic plans. The survey should attempt to identify students who wish (i) to complete the program; (ii) to transfer to other programs at the same institution; and (iii) to leave the institution.

10. Based on the data collected, provide a projection of resources (faculty, staff, space, etc.) needed to maintain program quality until the phase-out is completed. Provide a timeframe for the program phase-out.

11. A description of the impact of the discontinuance on underrepresented student populations and on women.