 <b>FLORIDA ATLANTIC UNIVERSITY</b>	<b>NEW/CHANGE PROGRAM REQUEST Graduate Programs</b>	UGPC Approval _____ UFS Approval _____ Banner _____ Catalog _____
	Department _____ College _____	

<b>Program Name</b>	<b>New Program*</b>	<b>Effective Date</b> (TERM & YEAR)
	<b>Change Program*</b>	

**Please explain the requested change(s) and offer rationale below or on an attachment.**

\*All new programs and changes to existing programs must be accompanied by a catalog entry showing the new or proposed changes.

<b>Faculty Contact/Email/Phone</b>	<b>Consult and list departments that may be affected by the change(s) and attach documentation</b>
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<b>Approved by</b> Department Chair <u>Janisch</u> College Curriculum Chair <u>Paul H. Peluso</u> College Dean _____ UGPC Chair _____ UGC Chair _____ Graduate College Dean _____ UFS President _____ Provost _____	<b>Date</b> <u>11/30/20</u> _____ 12/2/20 _____ 12/3/2020 _____ _____ _____ _____ _____
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Email this form and attachments to [UGPC@fau.edu](mailto:UGPC@fau.edu) 10 days before the UGPC meeting.



Board of Governors, State University System of Florida  
**ACADEMIC DEGREE PROGRAM TERMINATION FORM**  
In Accordance with BOG Regulation 8.012

**INSTITUTION:** \_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_

**DEGREE LEVEL(S):** \_\_\_\_\_ **CIP CODE:** \_\_\_\_\_  
(B., M., Ph.D., Ed.D., etc.) (Classification of Instructional Programs)

**ANTICIPATED TERMINATION TERM:** \_\_\_\_\_  
(First term when no new students will be accepted into the program)

**ANTICIPATED PHASE-OUT TERM:** \_\_\_\_\_  
(First term when no student data will be reported for this program)

*Please use this form for academic program termination. The form should be approved by the University Board of Trustees (UBOT) prior to submission to the Board of Governors, State University System of Florida for consideration. Please fill out this form completely for each program to be terminated in order for your request to be processed as quickly as possible. Attach additional pages as necessary to provide a complete response. In the case of baccalaureate or master's degree programs, the UBOT may approve termination in accordance with BOG Regulation 8.012, and submit this form to the Board of Governors, Office of Academic and Student Affairs. For doctoral level programs, please submit this form with all appropriate signatures for Board of Governor's consideration. The issues outlined below should be examined by the UBOT when approving program terminations.*


**1. Provide a narrative rationale for the request to terminate the program.**

- 2. Indicate on which campus(es) the program is being offered and the extent to which the proposed termination has had or will have an impact on enrollment, enrollment planning, and/or the reallocation of resources.**
  
  
  
  
  
  
  
  
  
  
- 3. Explain how the university intends to accommodate any students or faculty who are currently active in the program scheduled to be terminated. State what steps have been taken to inform students and faculty of the intent to terminate the program.**
  
  
  
  
  
  
  
  
  
  
- 4. Please provide the date when the teach-out plan was submitted to SACSCOC. Include a copy of the notification letter with your submission.**
  
  
  
  
  
  
  
  
  
  
- 5. Provide data (and cite sources) on the gender and racial distribution of students in and faculty affiliated with the program. For faculty, also list the rank and tenure status of all affected individuals.**

6. Identify any potential negative impact of the proposed action on the current representation of females, minorities, faculty, and students in the program.

7. If this is a baccalaureate program, please explain how and when the Florida College System (FCS) institutions have been notified of its termination so that students can be notified accordingly.

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 Requestor/Initiator	<u>12/1/20</u> Date
_____ Signature of Campus EO Officer	_____ Date
_____ Signature of College Dean	_____ Date
_____ Signature of President or Vice President for Academic Affairs	_____ Date
_____ Signature of Chair of the Board of Trustees	_____ Date
_____ Date Approved by the Board of Trustees	