STATE
UNIVERSITY
SYSTEM
of FLORIDA
Board of Governors

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February 8, 2011

M E M O R A N D U M

TO: Members, SUS Council of Academic Vice Presidents

FROM: Dorothy J. Minear, Ph.D.
Senior Associate Vice Chancellor

SUBJECT: **Academic Degree Program Status: New Forms**

This memo discusses the procedures that are in place to report and to verify action regarding the status of an academic degree program. The Board Office is providing you with two new forms that will assist all involved with the official processing of university requests for revisions to the State University System (SUS) Academic Degree Program Inventory.

The two forms (attached) pertain to a university decision to place an academic degree program into inactive status and will be used to notify the Board Office and to verify that such action has occurred at the university level. They are:

1.   **Inactive Program Notification Form** – will report that an academic degree program has been placed into an inactive status and will identify a term from which no new enrollments will be accepted.

2. **Program Reactivation Notification Form** – will report that an academic degree program has been reactivated and will identify a beginning term in which new enrollments will be accepted.

The addition of these two forms to the existing **Program Termination Form** (also attached) will enable the Board Office to maintain a complete record of university actions taken over time. More importantly, these records will improve the accuracy of the SUS Academic Program Inventory, which is being increasingly utilized in other venues.

Florida A&M University | Florida Atlantic University | Florida Gulf Coast University | Florida International University
Florida State University | New College of Florida | University of Central Florida | University of Florida | University of North Florida
University of South Florida | University of West Florida

Please begin to use these forms immediately in order to notify our office of university decisions pertaining to the status of degree programs. You may contact Richard Stevens at Richard.Stevens@flbog.edu with questions or concerns. Thank you.

c: SUS Academic Contacts
        SUS Data Administrators

Three (3) Attachments

INACTIVE PROGRAM NOTIFICATION FORM
Board of Governors, State University System of Florida

UNIVERSITY: _____

PROGRAM NAME: _____

DEGREE LEVEL(S): (BS/BA, MS/MA, S, Ed.D., Ph.D., etc) _____

IS THIS FOR AN <u>ENTIRE CIP CODE</u> (Classification of Instructional Programs)?

     IF <u>YES</u>, CIP CODE: _____

     IF <u>NO</u> AND FOR MAJOR/TRACK ONLY:

          CIP CODE: _____

          NAME OF MAJOR/TRACK: _____

TERM DATE FOR INACTIVE STATUS: _____
(First term that no new students will be accepted into the program)

TERM DATE FOR ANTICIPATED REACTIVATION: _____
(Term that new students will again be accepted into the program, if known)

1.   **Provide a short rationale for inactivation of the program.**

2.   **State what steps have been taken to inform native and, in the case of baccalaureate programs, transfer students from the Florida College System of the intent to halt enrollments?**

3.   **For baccalaureate programs, state if the program needs to be flagged as inactive in the Common Prerequisite Manual and in other articulation tools.**

This is the form to be used for the university to notify the Board of Governors, State University System of Florida that an academic degree program has been placed on inactive status and that new enrollments are not being accepted. This action will allow for more accurate data analysis of enrollment and degree productivity, and will initiate any necessary changes to articulation manuals and online search tools.

PROGRAM REACTIVATION NOTIFICATION FORM
Board of Governors, State University System of Florida

UNIVERSITY: _____

PROGRAM NAME: _____

DEGREE LEVEL(S): (BS/BA, MS/MA, S, Ed.D., Ph.D., etc) _____

IS THIS FOR AN <u>ENTIRE CIP CODE</u> (Classification of Instructional Programs)?

    IF <u>YES</u>, CIP CODE: _____

    IF <u>NO</u> AND FOR MAJOR/TRACK ONLY:

        CIP CODE: _____

        NAME OF MAJOR/TRACK: _____

TERM DATE FOR ACTIVE STATUS: _____

TERM DATE OF ORIGINAL INACTIVATION: _____

This is the form to be used for the university to notify the Board of Governors, State University System of Florida that an academic degree program has been reactivated and that new enrollments are now being accepted. This action will allow for more accurate data analysis of enrollment and degree productivity, and will initiate any necessary changes to articulation manuals and online search tools.

PROGRAM TERMINATION FORM
Board of Governors, State University System of Florida

UNIVERSITY: _____

PROGRAM NAME: _____

DEGREE LEVEL(S): _____ **CIP CODE**: _____
(Ph.D., Ed.D., etc) (Classification of Instructional Programs)

ANTICIPATED TERMINATION DATE: _____
(Last date that students will be accepted into program)

ANTICIPATED PHASE-OUT DATE: _____
(Last date that data will be submitted for this program)

> *This is the form to be used for university requests to terminate doctoral degree programs and is recommended for use when terminating other programs. The request should be approved by the University Board of Trustees (UBOT) prior to submission to the Board of Governors, State University System of Florida for approval. 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 (3), with notification sent to the Board of Governors, Office of Academic and Student Affairs. The issues outlined below should be examined by the UBOT in approving termination.*

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

3. **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.**

4.   Provide an explanation of the manner in which 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?

5.   Provide data (and cite source) on the gender and racial distribution of students and faculty. 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.

PROGRAM TERMINATION FORM (PAGE 3)

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Signature of Requestor/Initiator   Date

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Signature of Campus EO Officer   Date

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Signature of College Dean   Date

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Signature of Vice President for   Date
Academic Affairs

REVISED 11/2009