LETTER OF NOTIFICATION – 6

INACTIVATE/REACTIVATE PROGRAM

1. Institution submitting request

University of Central Arkansas

2. Contact person/title:

Jonathan A. Glenn

Associate Provost

3. Phone number/e-mail address

(501) 450-3126

jona@uca.edu

4. Proposed effective date

5. Title of certificate/degree program

6. CIP code

7. Degree code

8. Reason for proposed action (type “x” as appropriate and explain)

|  |  |
| --- | --- |
|  | Inactive status |

 (Include the number of students enrolled in degree program, how they will be accommodated, and documentation of written notification to students currently enrolled in program.)

|  |  |
| --- | --- |
|  | Reactivate program |

 (Inactive status less than 5 years. Provide reason for proposed action and curriculum outline, list of new courses with descriptions, and total semester credit hours required.)

9. Institutional curriculum committee review/approval date

Undergraduate/Graduate Council:

Council of Deans:

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

If requested.

|  |  |
| --- | --- |
| President/Chancellor Approval Date: |       |

|  |  |
| --- | --- |
| Board of Trustees Notification Date: |       |

|  |  |  |
| --- | --- | --- |
| Chief Academic Officer:  |       |       |
|  | signature | date |

[UCA form updated 2018-01-26]