LETTER OF NOTIFICATION – 5

DELETION

(Certificate, Degree, Option/Emphasis/Concentration, Minor, Organizational Unit)

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, option, minor, 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. Provide curriculum for deleted program/unit

12. Courses (prefix, number, title) to be deleted as a result of this action

13. How will students in the deleted program be accommodated? Provide documentation of written notification to students currently enrolled in the program.

14. Indicate the amount of funds available for reallocation.

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

If requested.

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| President/Chancellor Approval date: |  |

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

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| --- | --- | --- | --- |
| Chief Academic Officer: |  | Date: |  |

[UCA form updated 2017-10-18]