LETTER OF INTENT – 4

Reactivation of Certificate or Degree  
on Inactive Status for 5 Years

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. Name of certificate or degree on inactive status

5. Proposed name of reactivated certificate or degree

6. Proposed effective date

7. Requested CIP code

8. Justification for program reactivation

9. Mode of Delivery (type “x” as appropriate)

|  |  |
| --- | --- |
|  | On-Campus |
|  | Off-Campus Location |
|  | Distance Technology |

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

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

[UCA form updated 2019-06-06]