LETTER OF NOTIFICATION – 6

Inactive/Reactivate Program

1. Institution submitting request: University of Arkansas Fayetteville
2. Contact person/title: Dr. Terry Martin, Vice Chancellor for Academic Affairs

1. Phone number/e-mail address: (479) 575-2151/tmartin@uark.edu
2. Proposed effective date (last date for new student enrollments):
3. Title of degree program:
4. CIP Code:
5. Degree Code:
6. Reason for proposed action:

 \_\_\_\_\_ **Inactive status – No new students can be admitted to the program after the effective date.** (Program on inactive status for 5 years will be removed from the AHECB approved program inventory.)

 Provide the following information:

* + 1. Reason for proposed action - placing program on inactive status.
		2. Number of students enrolled in program.
		3. How will students in the inactive program be accommodated?
		4. Projected program completion date.
		5. Provide documentation of written notification to students currently enrolled in the program.

 \_\_\_\_\_\_ **Reactivate program** (Program on inactive status less than 5 years.)

 Provide the following information:

* + - 1. Justification for program reactivation.
			2. Curriculum outline by semester including total semester credit hours required.
			3. List of new courses.
			4. New course descriptions.
			5. Program goals and objectives.
			6. Expected student learning outcomes.
			7. Program approval letter from licensure/certification entity, if required.
			8. Scheduled program review date (within 10 years of program implementation)
			9. Provide a copy of written notification to other institutions in the area of the proposed program offering.
1. Institutional curriculum committee review/approval date, if required:
2. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer: Date: