LETTER OF NOTIFICATION – 11

RECONFIGURATION OF EXISTING DEGREE PROGRAMS

(Consolidation or Separation of Degrees to Create New Degree)

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

(479) 575-2151/tmartin@uark.edu

1. Title(s) of degree programs to be consolidated/reconfigured:
2. Current CIP Code(s)/Current Degree Code(s):
3. Proposed title of consolidated/reconfigured program:
4. Proposed CIP Code for new program:
5. Proposed Effective Date:
6. Reason for proposed program consolidation/reconfiguration:

[Indicate student demand, (projected enrollment) for the proposed program and document that the program meets employer needs]

1. Provide current and proposed curriculum outline by semester. Indicate total semester credit hours required for the proposed program. Underline new courses and provide new course descriptions. (If existing courses have been modified to create new courses, provide the course name/description for the current/existing courses and indicate the related new/modified courses.) Identify required general education core courses with an asterisk.
2. Provide program budget. Indicate amount of funds available for reallocation.
3. Provide current and proposed organizational chart.
4. Institutional curriculum committee review/approval date:
5. Are the existing degrees offered off-campus or via distance delivery?
6. Will the proposed degree be offered on-campus, off-campus, or via distance delivery? If yes, indicate mode of distance delivery.
7. Provide documentation that proposed program has received full approval by licensure/certification entity, if required. (A program offered for teacher/education administrator licensure must be reviewed/approved by the Arkansas Department of Education prior to consideration by the Coordinating Board; therefore, the Education Protocol Form also must be submitted to ADHE along with the Letter of Notification).
8. Provide copy of e-mail notification to other institutions in the area of the proposed program.
9. List institutions offering similar program and identify the institution(s) used as a model to develop the proposed program.
10. Provide scheduled program review date (within 10 years of program implementation).
11. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer: Date: