LETTER OF NOTIFICATION – 5

DELETION

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

1. Institution submitting request: University of Arkansas Fayetteville
2. Contact person/title: Dr. Terry Martin, Vice Provost for Academic Affairs
3. Phone number/e-mail address: (479) 575-2151/tmartin@uark.edu
4. Proposed effective date:
5. Title of certificate, degree program, option/emphasis/concentration, 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. Name of courses that will be deleted as a result of this action:
12. How will students in the deleted program be accommodated?
13. Provide documentation of written notification to students currently enrolled in program.
14. Indicate the amount of program funds available for reallocation:
15. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer: Date: