



ACADEMIC PROGRAM ELIMINATION/DEACTIVATION FORM

(Revised May 2014)

DIRECTIONS: Use this form when proposing to eliminate or deactivate an academic program, degree, major, or primary field of study.

DATE OF REQUEST: 12/2/15

Date of AAC Approval:

March 2, 2016

TYPE OF REQUEST:

- Elimination
 Deactivation

Date of Board Approval:

INSTITUTION: UNR

TITLE OF PROGRAM TO BE ELIMINATED/DEACTIVATED: Master of Education in Counseling and Educational Psychology

EFFECTIVE DATE OF ELIMINATION/DEACTIVATION: Sept. 1, 2016

A. Reason for proposed elimination/deactivation of the program

Due to faculty retiring, the Counseling and Educational Psychology program does not have the faculty resources to keep the M.Ed. degree running.

B. Specify plan to phase out the program, including description of how the needs of currently enrolled students will be met

Program will be removed from the catalog. There are currently no students enrolled in this master's degree program.

C. Impact of closure or deactivation on faculty and staff, and related academic programs

None

D. Describe any impact the program elimination/deactivation will have on accreditation and note any discussions as such that have occurred with the accrediting agency

None

E. Describe the process of notifying other institutions regarding impact of the program closure or deactivation on transfer and articulation

Not applicable

F. Fiscal Impact Statement – describe the fiscal impact, if any, that will result from the elimination/deactivation of the program

None

Please attach any supporting documentation (i.e. support letters from community, industry).