



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: 09/18/15

Date of AAC Approval:

December 2, 2015

TYPE OF REQUEST:

- Elimination
 Deactivation

Date of Board Approval:

INSTITUTION: UNR

TITLE OF PROGRAM TO BE ELIMINATED/DEACTIVATED: Master of Arts, Secondary Education

EFFECTIVE DATE OF ELIMINATION/DEACTIVATION: 03/25/15

A. Reason for proposed elimination/deactivation of the program

Very small enrollment in this program over an extended period of time; limited number of faculty who serve in three master programs - MA, MS, and MEd and can serve more effectively in two programs - MS and MEd; new students can be part of the Master of Science, Secondary Education program.

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

Removal from catalog; future advisement to have students sign up for Master of Science, Secondary Education 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

There are no students in the program and no students have applied in the past five years. Academic advisers are aware of this requested change to deactivate the program and have the knowledge to advise students to enroll in the Master of Science program.

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).