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: November 2016

Date of AAC Approval:
November 30, 2016

TYPE OF REQUEST:
- ☐ Elimination
- ☒ Deactivation

Date of Board Approval:

INSTITUTION: University of Nevada, Las Vegas

TITLE OF PROGRAM TO BE ELIMINATED/DEACTIVATED: Science, MAS

EFFECTIVE DATE OF ELIMINATION/DEACTIVATION: upon approval

A. **Reason for proposed elimination/deactivation of the program**
The program's curriculum needs updating in order to be appealing to more students.

B. **Specify plan to phase out the program, including description of how the needs of currently enrolled students will be met**
There are three students enrolled in the program who are taking courses from a variety of departments in the Colleges of Sciences. They will be able to complete their degrees as no specific courses will be eliminated until they have completed the 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**
This program is not accredited.

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

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).