



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: October 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: M.S., M.Ed. Workforce Education and Development

EFFECTIVE DATE OF ELIMINATION/DEACTIVATION: Upon approval

A. Reason for proposed elimination/deactivation of the program

In 2011 the UNLV College of Education was restructured, departments were eliminated, and some degrees were eliminated including the B.A.Ed. and B.S.Ed. Workforce Education. The M.S. and M.Ed., Workforce Education and Development were moved to the dean's office with the intent of future elimination after students completed their degrees.

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

There are no enrolled students in these two degrees.

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

These degrees were not accredited.

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

When the College of Education was restructured, notification of program holds on enrollment and/or closure was completed.

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).