TEXAS STATE UNIVERSITY
PROGRAM DELETE FORM

Administrative Information

1. **Program Name**: Undergraduate Certificate in Inter-American Studies

2. **Description**: The Inter-American Studies certificate is an interdisciplinary program which brings together courses focusing on the particular region and offering certification to supplement degree seeking and post-baccalaureate students.

3. **Program CIP Code**: 30.2001.00

4. **Proposed Effective Date**: Fall 2016

5. **Contact Person**: Provide contact information for the person who can answer specific questions about the program.
   - **Name**: Dr. Dennis Dunn
   - **Title**: Professor and Director of the Center for International Studies
   - **E-mail**: dd05@txstate.edu
   - **Phone**: 512-245-2339

6. **Required Reviews**:
   - Faculty
   - College Curriculum Committee
   - College Council
   - College Dean
   - Associate Vice President for Academic Affairs
   - Provost
   - University Curriculum Committee
   - Faculty Senate
   - Council of Academic Deans
   - President
   - Texas State University System Board of Regents
   - Southern Association of Colleges and Schools
Program Information

I. Students affected by the closure/deletion:

A. Are there students currently enrolled in the program? If yes, how many? What is the expected date of completion or graduation from the program? Have those students been notified of the closure/deletion? How have they been notified and explain the options provided for those students.

As of fall 2015 no student was enrolled in the Inter-American Studies Certificate program. In the past five years, the enrollments have been as follows:

- FY 2011=12
- FY 2012=8
- FY 2013=6
- FY 2014=5
- FY 2015=4

B. Are students still being admitted in the program? Or when were the last students admitted in the program?

As of spring 2015 students are no longer being admitted to the Certificate.

II. Faculty affected by the closure/deletion:

A. Will any faculty be reassigned because of the closure/deletion?

No faculty will need to be reassigned due to the deletion of the Certificate.

B. Please explain how faculty have been engaged throughout the decision to close the program?

A faculty committee determined that the Certificate has attracted very few students and that some of the courses used in the Certificate are no longer offered. The committee recommended that the Certificate be discontinued.

III. Staff affected by the closure/deletion:

A. Will any staff be reassigned because of the closure/deletion?

No staff will be reassigned due to the deletion of the Certificate.

IV. Courses affected by the closure/deletion:

A. Will any courses need to be deleted? If yes, submit the Course Deletion Form along with the Program Delete Form. If the courses to be deleted are outside the originating department/school, a Course Deletion Form from those areas is required to be attached to the Program Delete Form.
No courses will need to be deleted, as all courses from the Certificate are applicable to the Bachelor of Arts in International Studies major in International Studies concentration in Inter-American Studies.

V. Low Productivity Report:

A. Has this program been identified on the state’s Low Productivity Report? If yes, please explain the cause(s) of low productivity and any actions that were taken to attempt to increase enrollments and graduation rates.

The Inter-American Studies Certificate Program has not been identified on the state’s Low Productivity Report because certificates are not included in the institution’s official program inventory.
1. *I hereby certify that the above program closure and deletion has been approved in accordance with the procedures outlined in rules, regulations and policies at the Texas State University System Board of Regents, the Texas Higher Education Coordinating Board and the Southern Association of Colleges and Schools Commission on Colleges.*

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<th>Chief Executive Officer</th>
<th>Date</th>
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2. **Board of Regents Approval** – A member of the Board of Regents or designee shall sign the following statement:

> On behalf of the Board of Regents, I certify that the Board of Regents has approved the above program closure and deletion.

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<th>Board of Regents (or Designee)</th>
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