AAPPS 02.01.10

Request Form for Closing and Deleting an Academic Program

Administrative Information

**1. Institution:** Texas State University-San Marcos

**2. Program Name:**

**3. Description: Briefly describe the reason for the closure/deletion(s).**

**4. Program CIP Code:**

**5. Proposed Effective Date:**

**6. Contact Person: Provide contact information for the person who can answer specific questions about the program.**

* **Name:**
* **Title:**
* **E-mail:**
* **Phone:**

**7. Required Reviews:**

* Faculty
* Department/School Curriculum Committee or Department/School Faculty
* Department Chair/Program Director/School Director
* College Curriculum Committee
* College Council
* College Dean
* Dean of The Graduate College (if applicable)
* Associate Vice President for Academic Affairs
* Provost
* University Curriculum Committee
* Faculty Senate
* Council of Academic Deans
* University Council
* President
* Texas State University System Board of Regents
* Texas Higher Education Coordinating Board
* 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.**

**B. Are students still being admitted in the program?**

**II. Faculty affected by the closure/deletion.**

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

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

**III. Staff affected by the closure/deletion.**

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

**IV. Courses affected by the closure/deletion.**

**A. Will any courses need to be deleted? Are courses affected by this deletion? If so, active courses that will be used in this program should be reviewed to determine if changes are needed to those courses because of the program deletion, e.g., contact hours, co-requisites, descriptions, prerequisites, restrictions, titles, etc. (not to include prefix or numbers.) Course Request Forms for new and changed courses must be submitted with the program proposal.**

**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 production and any actions that were taken to attempt to increase enrollments and graduation rates.**

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| **Texas State University-San Marcos**  **(insert name of program)**  **Signature Page**  1. *I hereby certify that the above program closure(s) and deletion(s) have 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.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chief Executive Officer Date  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(s) and deletion(s).*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Board of Regents (or Designee) Date |