 FLORIDA ATLANTIC UNIVERSITY	NEW/CHANGE PROGRAM REQUEST Graduate Programs		UGPC Approval _____ UFS Approval _____ Banner _____ Catalog _____
	Department Curriculum, Culture and Educational Inquiry College Education		
Program Name M.A. in TESOL and Bilingual Ed	<input type="checkbox"/> New Program* <input checked="" type="checkbox"/> Change Program*	Effective Date (TERM & YEAR) Spring 2021	
<p>Please explain the requested change(s) and offer rationale below or on an attachment.</p> <p>This program was changed approximately 5 years ago. There are no students in this program at this time, and there are no admissions or applicants at this time. This will officially terminate and sunset the program as required by the BOG.</p>			
<p><i>*All new programs and changes to existing programs must be accompanied by a catalog entry showing the new or proposed changes.</i></p>			
Faculty Contact/Email/Phone P. Peluso/ppeluso@fau.edu/7-2698		Consult and list departments that may be affected by the change(s) and attach documentation N/A	
Approved by Department Chair <u><i>J. J. [Signature]</i></u> College Curriculum Chair <u><i>Paul A. Peluso</i></u> College Dean _____ UGPC Chair _____ UGC Chair _____ Graduate College Dean _____ UFS President _____ Provost _____		Date <u><i>12/1/20</i></u> _____ <u><i>12/2/20</i></u> _____ <u><i>12/3/2020</i></u> _____ _____ _____ _____	

Email this form and attachments to UGPC@fau.edu 10 days before the UGPC meeting.



Board of Governors, State University System of Florida
ACADEMIC DEGREE PROGRAM TERMINATION FORM
In Accordance with BOG Regulation 8.012

INSTITUTION: _____

PROGRAM NAME: _____

DEGREE LEVEL(S): _____ **CIP CODE:** _____
(B., M., Ph.D., Ed.D., etc.) (Classification of Instructional Programs)

ANTICIPATED TERMINATION TERM: _____
(First term when no new students will be accepted into the program)


ANTICIPATED PHASE-OUT TERM: _____
(First term when no student data will be reported for this program)

Please use this form for academic program termination. The form should be approved by the University Board of Trustees (UBOT) prior to submission to the Board of Governors, State University System of Florida for consideration. Please fill out this form completely for each program to be terminated in order for your request to be processed as quickly as possible. Attach additional pages as necessary to provide a complete response. In the case of baccalaureate or master's degree programs, the UBOT may approve termination in accordance with BOG Regulation 8.012, and submit this form to the Board of Governors, Office of Academic and Student Affairs. For doctoral level programs, please submit this form with all appropriate signatures for Board of Governor's consideration. The issues outlined below should be examined by the UBOT when approving program terminations.

1. Provide a narrative rationale for the request to terminate the program.

6. Identify any potential negative impact of the proposed action on the current representation of females, minorities, faculty, and students in the program.

7. If this is a baccalaureate program, please explain how and when the Florida College System (FCS) institutions have been notified of its termination so that students can be notified accordingly.


Requestor/Initiator

12/1/20
Date

Signature of Campus EO Officer

Date

Signature of College Dean

Date

Signature of President or Vice President
for Academic Affairs

Date

Signature of Chair of the
Board of Trustees

Date

Date Approved by the Board of Trustees