Program Name:
MASTER OF SCIENCE IN MUSIC BUSINESS ADMINISTRATION

Effective Date
(PROVIDE TERM/YEAR)
FALL 2015

Please explain the requested change(s) and offer rationale below and/or attached:

The request is to terminate the Master of Science in Music Business Administration Degree.

Please see attached for rationale and anticipated phase out date and teach out information.

Faculty contact, email and complete phone number:
Rebecca Lautar rlautar@fau.edu
561-297-3821

Consult and list departments that might be affected by the change and attach comments.

Approved by:
Department Chair: [Signature]
College Curriculum Chair: [Signature]
College Dean: [Signature]
UGPC Chair: [Signature]
Graduate College Dean: [Signature]
UFS President: [Signature]
Provost: [Signature]

Date:
1-26-16
1-27-16
1-27-16
2/3/16
2-3-16

Email this form and syllabus to UGPC@fau.edu one week before the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website prior to the meeting.

FAUprogramchangeGrad—Revised November 2012
TO       Dr. William McDaniel, Chair, University Graduate Programs Committee

FROM      Dr. Douglas Kanter, Chair, Dorothy F. Schmidt College of Arts & Letters 
Graduate Programs Committee

DATE      January 15, 2016

SUBJECT   MS in Music Business Administration: Termination of Program

The Dorothy F. Schmidt College of Arts & Letters Graduate Programs Committee voted unanimously to terminate the MS in Music Business Administration today. For additional information, please see the accompanying Program Termination Form.
PROGRAM TERMINATION FORM
Board of Governors, State University System of Florida

UNIVERSITY: Florida Atlantic University

PROGRAM NAME: Master of Science in Music Business Administration

DEGREE LEVEL(S): graduate (Ph.D., Ed.D., etc)

CIP CODE: 50.1003
(Classification of Instructional Programs)

OFFICIAL TERMINATION DATE: Fall 2015
(Last date that students will be accepted into program)

OFFICIAL PHASE-OUT DATE: anticipated Fall 2019
(Last date that data will be submitted for this program)

This is the form to be used for university requests to terminate doctoral degree programs and is recommended for use when terminating other programs. The request should be approved by the University Board of Trustees (UBOT) prior to submission to the Board of Governors, State University System of Florida for approval. 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 (3), with notification sent to the Board of Governors, Office of Academic and Student Affairs. The issues outlined below should be examined by the UBOT in approving termination.

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

The Board of Governors requires termination due to low graduation outcomes.
2. Indicate on which campus(es) the program is being offered and the extent to which the proposed termination has had or will have an impact on enrollment, enrollment planning, and/or the reallocation of resources.

The Master of Science in Music Business Administration is offered on the Boca Raton campus. There is negligible enrollment at the current time, and termination will have no impact on the reallocation of resources. The courses required in the MS Music Business Administration degree are required courses in other degree offerings in the College, so the loss of the degree will not result in a loss in faculty, courses or other resources.

3. Provide an explanation of the manner in which the University intends to accommodate any students or faculty who are currently active in the program scheduled to be terminated. State what steps have been taken to inform students and faculty of the intent to terminate the program?

Current students have been informed that the degree will remain open to them until they complete the coursework, and some have already received a teach-out plan to input into their Plans of Study. Substitutions are being allowed to replace one or two required courses, which will allow the students the ability to pursue timely completion.

The MS program description posted on the College’s website clearly states that the program is no longer accepting students. The notice was posted in Fall 2015.

4. Provide data (and cite source) on the gender and racial distribution of students and faculty. For faculty also list the rank and tenure status of all affected individuals.

No faculty are affected with this termination.

Student Ethnicity/Gender: Hispanic female=1; non-resident alien female=1; white female=3; white male=2

Student data collected from Institute for Effective Analysis FAU, from Fall 2015 enrollment figures.

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

Negligible impact.
PROGRAM TERMINATION FORM (PAGE 3)

Signature of Requestor/Initiator ____________________________
Date: 11/24/15

Signature of Campus EO Officer ____________________________
Date: __________________

Signature of College Dean ____________________________
Date: 12-1-15

Signature of President or Vice President for Academic Affairs ____________________________
Date: __________________

Date Approved by the University Board of Trustees ____________________________

Signature of Chair, Board of Trustees ____________________________
Date: __________________