Memorandum

DATE: August 21, 2015
TO: Deans
FROM: Gary Perry, Provost and Vice President for Academic Affairs

SUBJECT: Academic Program Termination, Inactive Program Notification (Supersedes all prior memoranda and policies)

(1) PURPOSE: Florida Atlantic University Regulation 3.003, Academic Program Termination, stipulates that the FAU Board of Trustees ("BOT") shall ensure that university policies and procedures for degree program termination are consistent with the Florida Board of Governors ("BOG") Regulation 8.012, Academic Program Termination. The BOG Regulation indicates that these policies will include at a minimum:

"(A) A formal process for determining degree programs that are candidates for termination that includes review by appropriate curriculum, financial, and administrative councils of the university:

(B) A plan to accommodate any students or faculty who are currently active in a program that is scheduled to be terminated;

(C) A process for evaluation and mitigation of potential negative impact the proposed termination may have on the current representation of females and ethnic minorities within the faculty and students."

(2) PROCEDURES: ACADEMIC DEGREE PROGRAM TERMINATION

(A) The deans, in consultation with the chairs/directors, the faculty and the Provost, are responsible for the annual assessment of the continued viability of existing academic degree programs. Data available for this assessment include, but are not limited to, the Annual Departmental Performance Reviews, the Academic Program Reviews conducted every seven years, and a review of degree productivity over a five year period based on criteria established by the Florida BOG and the Council of Academic Vice Presidents ("CAVP").
Indicators of the lack of continued viability of an academic degree program may include:

a. Enrollments are no longer sufficient to justify the cost of instruction, facilities, and equipment;

b. The program duplicates other offerings at the university;

c. The five year degree productivity falls below the threshold criteria established by the Florida BOG and the CAVP (<30 Bachelors; <20 Masters; <10 Doctorate; <20 Other);

d. The program is no longer aligned with the mission or strategic goals of the university, or is no longer aligned with the strategic goals of the BOG;

e. The program no longer meets the needs of the citizens of Florida in providing a viable educational or occupational objective.

A plan to terminate a program needs to be developed by the dean, in consultation with the chair/director and the faculty, with concrete proposals to accommodate students and faculty currently in the program. The Florida BOG Program Termination Form should be used for this process. If a degree program is offered by more than one college, then both deans and colleges need to be involved at this stage and with the following procedures.

The dean or designee will review the SACSCOC policies on substantive change and prepare a written teach-out plan following SACSCOC guidelines (FAU SACSCOC Substantive Change Notification/Transmittal Form, SACSCOC Procedure Three, Academic Program Termination).

The dean or designee will submit the proposals for review by the appropriate college committees as designated by college bylaws (i.e., college curriculum committee; college faculty assembly).

The dean will submit the written plan to terminate the program with the required Florida BOG forms, the teach-out plan required by SACSCOC (FAU SACSCOC Substantive Change Notification/Transmittal Form, SACSCOC Procedure Three, Academic Program Termination), and the recommendations of the college committees, to the Provost. The Provost will request a review of the proposal by the Associate Provost of Programs and Assessment and FAU’s SACSCOC Liaison and then by the Dean of the Graduate College if the proposal is a graduate program, or the Dean of Undergraduate Studies if the proposal is an undergraduate program.

If the Provost does not agree with the proposal to terminate the academic degree program, it will be referred back to the dean to develop a plan to address the shortcomings of the program and propose concrete measures to be taken over the next year to remedy them. The dean will submit a follow-up on the program to the Provost at the end of the next academic year.

If the Provost concurs with the proposal to terminate the academic degree program, the proposal will be forwarded to the University Faculty Senate (“UFS”) for review by the Undergraduate Curriculum Committee or the Graduate Curriculum Committee. Following the Constitution and Bylaws of the UFS, the proposal will be reviewed by the UFS Steering Committee and the UFS. The recommendations of the UFS will be sent to the Provost.

The Provost will provide a final review and, if acceptable, present the proposal to the BOT Committee on Academic and Student Affairs (“CASA”) for approval.

If CASA votes to approve the termination, the decision will be transmitted to the FAU BOT for action.
(K) The FAU BOT has the authority to approve termination of degree programs at the bachelor’s master’s, and specialist level. Within four weeks of the BOT approval to terminate these programs, the Provost or designee will notify the Florida BOG, Office of Academic and Student Affairs, of the BOT’s decision to terminate a program.

(L) The FAU BOT has the authority to recommend the termination of doctoral and professional academic programs to the Florida BOG. If termination is approved by the BOT, the Provost will submit the recommendation to the Florida BOG for final action.

(M) Once written documentation has been received from the Florida BOG Office of Academic and Student Affairs that the academic degree program will be removed from the Florida State University System (“SUS”) Academic Degree Inventory, this documentation will be transmitted by the Provost or designee to the Associate Provost of Programs and Assessment, Associate Provost of Planning and Budget, the Dean, and the President of University Faculty Senate.

(N) Teach-out plans must be approved by SACSCOC in advance of implementation. The Provost’s office will work with the unit in securing SACSCOC approval.

(3) PROCEDURES: INACTIVE PROGRAM NOTIFICATION

(A) The review of the academic degree program as conducted in (2) (A) above may indicate the need to place a program on inactive status. The indicators for placing a program on inactive status are similar to the indicators considered for academic degree termination but inactive status may be recommended if there is an interest in retaining the program. No new enrollments will be accepted in a program that is placed on inactive status.

(B) A plan to place an academic degree program on inactive status needs to be developed by the dean, in consultation with the chair/director, the faculty and the Provost, with concrete proposals to accommodate students and faculty currently in the program. The Florida BOG Inactive Program Notification Form should be used for this process.

(C) The dean will submit the written plan to the Provost for review.

(D) If the Provost concurs with the recommendation, the CASA of the BOT and the President of the UFS will be informed.

(E) The Provost or designee will send the approved Inactive Program Notification Form to the Florida BOG Office of Academic and Student Affairs.

CC: Diane Alperin, Vice provost, Academic Affairs
Russell Ivy, Associate Provost of Programs and Assessment and SACSCOC Liaison
Michele Hawkins, Associate Provost of Planning and Budget
Chris Beetle, President, University Faculty Senate
PROGRAM TERMINATION FORM
Board of Governors, State University System of Florida

UNIVERSITY: ________________________________

PROGRAM NAME: ________________________________

DEGREE LEVEL(S): ______  CIP CODE: ______
(Ph.D., Ed.D., etc) (Classification of Instructional Programs)

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

OFFICIAL PHASE-OUT DATE: ________________________________
(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.
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.

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?

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.

5. Identify any potential negative impact of the proposed action on the current representation of females, minorities, faculty, and students.
PROGRAM TERMINATION FORM (PAGE 3)

__________________________________________  ____________________________
Signature of Requestor/Initiator                      Date

__________________________________________  ____________________________
Signature of Campus EO Officer                        Date

__________________________________________  ____________________________
Signature of College Dean                            Date

__________________________________________  ____________________________
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

REVISED 05/2012
INACTIVE PROGRAM NOTIFICATION FORM
Board of Governors, State University System of Florida

UNIVERSITY: __________________________________________

PROGRAM NAME: ______________________________________

DEGREE LEVEL(S): (BS/BA, MS/MA, S, Ed.D., Ph.D., etc) __________________________

IS THIS FOR AN ENTIRE CIP CODE (Classification of Instructional Programs)?

IF YES, CIP CODE: ______________________

IF NO AND FOR MAJOR/TRACK ONLY:

CIP CODE: ______________________

NAME OF MAJOR/TRACK: ______________________

TERM DATE FOR INACTIVE STATUS: ______________________
(First term that no new students will be accepted into the program)

TERM DATE FOR ANTICIPATED REACTIVATION: ______________________
(Term that new students will again be accepted into the program, if known)

1. Provide a short rationale for inactivation of the program.

2. State what steps have been taken to inform native and, in the case of baccalaureate programs, transfer students from the Florida College System of the intent to halt enrollments?

3. For baccalaureate programs, state if the program needs to be flagged as inactive in the Common Prerequisite Manual and in other articulation tools.

This is the form to be used for the university to notify the Board of Governors, State University System of Florida that an academic degree program has been placed on inactive status and that new enrollments are not being accepted. This action will allow for more accurate data analysis of enrollment and degree productivity, and will initiate any necessary changes to articulation manuals and online search tools.
PROGRAM REACTIVATION NOTIFICATION FORM
Board of Governors, State University System of Florida

UNIVERSITY: ____________________________________________

PROGRAM NAME: ________________________________________

DEGREE LEVEL(S): (BS/BA, MS/MA, M, Ed.D., Ph.D., etc) ______________

IS THIS FOR AN ENTIRE CIP CODE (Classification of Instructional Programs)?

IF YES, CIP CODE: ______________

IF NO AND FOR MAJOR/TRACK ONLY:

CIP CODE: _______________________

NAME OF MAJOR/TRACK: ________________________________

TERM DATE FOR ACTIVE STATUS: _________________________

TERM DATE OF ORIGINAL INACTIVATION: ________________

This is the form to be used for the university to notify the Board of Governors, State University System of Florida that an academic degree program has been reactivated and that new enrollments are now being accepted. This action will allow for more accurate data analysis of enrollment and degree productivity, and will initiate any necessary changes to articulation manuals and online search tools.
**FLORIDA ATLANTIC UNIVERSITY**
SACS Substantive Change Notification/Transmittal Form

**SACS Procedure Three**
Academic Program Termination:

PROGRAM NAME: __________________ DEGREE LEVEL(S): ________________
(Bach., Master’s, Ph.D., Ed.D., etc)

Anticipated termination date: _________ Date of BOT approval: _________

Please review the options below, select the option that applies, and attach the required information to this form.

1. There are no students currently enrolled in the program.

2. FAU teaches out currently enrolled students, no longer admits students to programs, and terminates the program. (Teach-out plan required, see attached details.)

   Number of students currently enrolled in the program: __________________

3. FAU will enter into a contract for another institution to teach out the educational programs or program. (Teach-out agreement required, see attached details.)

   (Please note: Teach-out Plans/Agreements must be approved by SACSCOC prior to implementation.)

If students are enrolled in the program, provide the status of these students and expected time to program completion:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: University Provost (or designee) Date

Signature: SACS Accreditation Liaison Date

Submitted to SACS by: __________________ Date: _______________