**PROGRAM TERMINATION FORM**

Board of Governors, State University System of Florida

Florida Atlantic University

**UNIVERSITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_\_\_\_French\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEGREE LEVEL(S):** \_\_\_BA\_\_\_\_\_\_\_\_ **CIP CODE**: \_\_\_\_\_\_\_\_\_\_\_16.0901\_\_\_\_\_\_\_\_

(Ph.D., Ed.D., etc) (Classification of Instructional Programs)

**OFFICIAL TERMINATION DATE:** \_\_\_\_August 1 2018\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last date that students will be accepted into program)

**OFFICIAL PHASE-OUT DATE: \_\_\_\_\_\_\_\_**August 1 2018 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(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.**

Our department wishes to consolidate its current BA-degree programs in Spanish, French, and Linguistics (Italian has been a concentration under Languages and Linguistics). The relatively low number of degrees in French warrants degree consolidation of our degree programs under one umbrella and one CIP code (16.0101).

**PROGRAM TERMINATION FORM (PAGE 2)**

1. **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 BA in French has been offered on the Boca Raton campus.

The termination of the BA-degree in French shall have no negative repercussions whatsoever since it is being re-proposed as a concentration under a single new BA in Languages, Linguistics, and Comparative Literature, along with 2 other BA programs (Spanish and Linguistics; Italian has been offered as a concentration [previously “track”] under Languages and Linguistics).

We foresee only benefits to this move as the very title of the degree implies knowledge and skills beyond the mere knowledge of French language, thereby making our degree more marketable both economically and academically; advising will be greatly facilitated.

No resources need to be re-allocated.

1. **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?**

There will be no negative impact neither on the students, nor on the faculty. Students currently pursuing the BA-degree in French are not affected, but students enrolling as of Fall 2017 will be informed in writing and via the department’s website that their diploma and transcript will read: “Languages, Linguistics, and Comparative Literature: French.”

1. **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.**
2. **Identify any potential negative impact of the proposed action on the current representation of females, minorities, faculty, and students.**

No negative impact foreseen.

**PROGRAM TERMINATION FORM (PAGE 3)**

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Signature of Requestor/Initiator Date

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Signature of Campus EO Officer Date

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Signature of College Dean Date

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Signature of President or Vice President for Date

Academic Affairs

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Date Approved by the University   
Board of Trustees

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Signature of Chair, Board of TrusteesDate