Please complete all fields. Boxes may be expanded to accommodate longer responses. Clarifying field descriptions can be found below. Should you have any questions or concerns, please email [Curricular Affairs](mailto:curricular_affairs@list.arizona.edu).

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| **Name of Academic Program:** |
| **Academic Department:** The name of the academic department or unit that currently primarily administers the academic program.  If the proposed program is jointly administered across more than one department, please list the(se) additional department(s). |
| **Geographic Site:**The physical site (campus, extended campus, etc.) or modality where the academic program is currently primarily delivered or administered. |
| **Instructional Modality:** The primary modality of the academic program (i.e., immersion, online, hybrid). |
| **Last Admit Term:** The last term the program admitted students. Disestablishment policy dictates that the program must remain active for a period of 8 years before fully becoming inactive, but no other students will be admitted once the last admit term is set. |
| **Brief Description:** A short outline of the content and skills that the program delivers. |
| **Reason for Disestablishing the Program:** Please briefly explain why the program is being disestablished. |
| **Disestablishment Plan:** Please explain how any students affected by the planned disestablishment of the program will be supported to earn their degree. |
| **How will program resources be reallocated? (i.e., faculty and administrative positions; infrastructure, etc.):** Please provide information about how personnel and infrastructure presently employed to deliver the disestablished program will be reallocated. |
| **Is this program in an ABOR designated high demand field**?            YES      NO                Is the discontinued program in education, health, science, technology, engineering or math (STEM)? |

Department Head Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Assistant Dean Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
Dean/Assistant Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_