

# PROPOSAL TO DISESTABLISH AN ACADEMIC PROGRAM (Degree, concentration, certificate, minor)

This template is to be used for proposed disestablishments included on the Academic Plan and for which the unit has received specific written approval from the Provost's office to proceed with internal proposal development and review. This proposal template should be completed and submitted by the Dean's Office to the University Provost's Office [mailto: curriculumplanning@asu.edu]. The disestablishment may not be implemented until the Provost's Office notifies the academic unit that the disestablishment proposal has completed the approval process.

### **UNIT AND PROGRAM INFORMATION**

College/School/Institute:			Mary Lou Fulton Teachers College						
Department/Division/School:			Division	Division of Educational Leadership and Innovation					
Name program to be disestablished:			MEd in Special Education (Mildly Disabled)						
Proposal	l Contact								
Name:		Sherman Dorn		Title:	Division Director and Professor				
Phone nu	umber:	602-543-6379		Email:	Sherman.Dorn	@asu.edu			
	1 - 1			DEAN API	PROVAL	(S)			
proposed	d organizati	onal change.		init and Colle		10000	recommend impleme	ntation of the	
College/	School/Divi	sion Dean name:	Mari K	oerner					
(if more t	than one coll	Signature sion Dean name: lege involved) Signature ignature, an email fron	n the dean	or dean's des	oln signee, or a	Date:	12/9/2014 / /20 signature page is acce	ptable.	
are active	e and have st can be remo	udents enrolled are req	uired to be duate or gr	e listed on De aduate application	gree Searc ation; how	h. Upon request by ever, the program w	refore, all academic pro the Dean's Office, an a vill remain in degree se the disestablishment.	cademic	
	University Approval(s)								
	Vice Prove Education	ost for Graduate		Andrew N	I. Webbe	er			
	Provost of	Sigr f the University	nature: ˌ	Robert E.	Page Jr		Date: / //2	/18	
		Sign	nature:				Date:/_	_	



# PROPOSAL TO DISESTABLISH AN ACADEMIC PROGRAM (Degree, concentration, certificate, minor)

# PROPOSAL TO DISESTABLISH AN ACADEMIC PROGRAM

(Degree, concentration, certificate, minor)

Name of program to be disestablished:  MEd in Special Education (Mildly Disabled)							
Plan code(s) for the program:  If a degree program is being disestablished that has multiple concentrations, list all plan codes impacted.  EDMDISMED							
Requested effective catalog year for the disestablishment: 2015-16							
Program Type	Degree	Degree Level					
Degree/major Degree type (e.g., BA, MBA, PhD):	Undergraduate	Graduate					
Concentration for an existing degree program  Degree and major: MEd in Special Education	Undergraduate	☐ Graduate					
☐ Minor	it.						
Certificate program	Undergraduate	Graduate					

#### Briefly describe the rationale for disestablishment:

This program has been closed for admissions for 2 plus years. Due to reorganization we have consolidated programs to maximize our recruitment efforts strategically. This program has been approved on an academic plan to be disestablished by ABOR.

#### Impact on other existing programs:

May include availability of course content for students in other majors who may need it; other,

There is no impact on existing programs.

### Impact on current students:

Estimate number of students still enrolled; anticipated date of last graduates; arrangements for continuing students and students in articulated transfer pathways (e.g., MAPP, TAG).

There are currently no students enrolled in this program as all students have graduated. If a student that was in the program comes back they will have to reapply to a new program and we will allow them to bring in preadmission coursework per Graduate Education Policy.

#### **Applications:**

What term should applications close? If this change should be made immediately upon approval, please indicate this. Please note that the program will remain on Degree Search until such a time that no students remain enrolled in the program.

Applications are currently closed

# **Current applicants:**

Describe actions that will be taken regarding admitted students or students who have applied to this program? If current applicants should be moved to a new program, please indicate the plan code of that program.

n/a

## Additional information:

Provide any relevant information not required above that will assist in evaluating the proposal.