

This proposal template should be completed and submitted to the University Provost's Academic Council [mailto: curriculumplanning@asu.edu]. The disestablishment <u>may not</u> be implemented until the Provost's Office notifies the academic unit that the disestablishment proposal has completed the approval process.

PROGRAM INFORMATION

Name of concentration to be disestablished:

Superintendency concentration under the M.Ed. in Educational Administration and Supervision

PROPOSAL CONTACT INFORMATION (Person to contact regarding this proposal)

Name: Diane Venrick

Title: Assistant Division Director

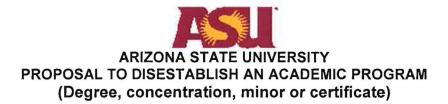
Phone: 602-543-2271

email: Diane.Venrick@asu.edu

DEAN APPROVAL

This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation of the proposed program disestablishment. (*Note: An electronic signature, an email from the dean or dean's designee, or a PDF of the signed signature page is acceptable.*)

| College/School Dean name: Mari Koerner College/School Dean signature | Mari | Koerner | _ Date: | 5/9/12 |
|---|--------|---------|---------|--------------|
| Executive Vice Provost for Academic Affairs and Graduate College Dean Name: <u>Maria T. A</u> | llison | | | |
| Executive Vice Provost for Academic Affairs and Graduate College Dean Signature: | larer. | Fall | Date | 5/25/12 : |



Name of program to be disestablished: Superintendency concentration under the MEd in Educational Administration and Supervision

Plan code(s) for the program (If a degree program is being disestablished that has multiple concentrations, list all plan codes impacted): TESPRINMED (Superintendency). Other codes remain in place.

Projected effective term: Fall and year: 2012

Check type of program to be disestablished:

| Program Type (Please mark one; submit a separate form for each program to be disestablished) | Degree Type (Please mark one; submit a separate form for each program to be disestablished) | |
|---|--|------------|
| Degree/major Please indicate degree type (e.g., BA, BA/BS, PhD): | Undergraduate | Graduate |
| Concentration for an existing degree program Please indicate degree/major: MED Educational Administration and Supervision | Undergraduate | 🛛 Graduate |
| Minor | | |
| Certificate program | Undergraduate | Graduate |

Briefly describe the rationale for disestablishment:

Superintendency concentration has not attracted any students and is not aligned with requirements for the state certificate.

Impact on other existing programs: Could include availability of course content for students in other majors who may need it; other.

No impact. Courses continue to be offered if they have enrollments.

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 (ex. MAPP, TAG).

No students.

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

The initial request to implement this change has already been approved.