This proposal template should be completed and submitted to the University Provost's Academic Council [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.

**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  
Date: 5/9/12

Executive Vice Provost for Academic Affairs and Graduate College Dean Name: Maria T. Allison

Executive Vice Provost for Academic Affairs and Graduate College Dean Signature  
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:

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Degree Type</th>
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<tbody>
<tr>
<td>(Please mark one; submit a separate form for each program to be disestablished)</td>
<td>(Please mark one; submit a separate form for each program to be disestablished)</td>
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<tr>
<td>☐ Degree/major</td>
<td>☐ Undergraduate ☐ Graduate</td>
</tr>
<tr>
<td>Please indicate degree type (e.g., BA, BA/BS, PhD):</td>
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<tr>
<td>☑ Concentration for an existing degree program</td>
<td>☐ Undergraduate ☑ Graduate</td>
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<tr>
<td>Please indicate degree/major: MED Educational Administration and Supervision</td>
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<td>☐ Minor</td>
<td></td>
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<tr>
<td>☐ Certificate program</td>
<td>☐ Undergraduate ☐ Graduate</td>
</tr>
</tbody>
</table>

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.