**Louisiana Board of Regents**

**2011 Academic Program/Low Completer Review**

**Request for TERMINATION of Existing Academic Program(s)**

Please submit an electronic copy (email attachment, Word or Word Perfect Document preferred; signed PDF may also be attached) of the completed document to Dr. Karen Denby, Associate Commissioner for Academic Affairs, at karen.denby@la.gov no later than **Monday, February 28, 2011**. Early submission is welcome. All requests for terminations are to be submitted through the appropriate system office. Documentation of campus approvals should be provided.

**General Information**

|  |  |
| --- | --- |
| Campus: | College/School with Program(s): |
| Program(s) to be Terminated (Title, CIP):- -  | Date of initial Program Implementation:- -  |
| Program Coordinator/Contact Info: |

***Note. BoR Program Terminations as a result of this Review will be effective May/2011****.*

**Students**

Provide enrollment data for Spring/2011, *by year classification*. Use the format below for reporting enrollment data for each program to be terminated if more than one termination is requested.

|  |  |
| --- | --- |
| **Degree Program to be Terminated:** | **SPRING 2011 enrollment Data:** |
| FR | SOPH | JR | SR | M/Sp | PhD |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Phase-Out Plan**

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| Describe the phase-out (teach-out and/or transfer) plan, for each program to be terminated, that minimizes time to completion. Include a projected date for close-out of activity in the terminated degree.  |
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**Fiscal Impact**

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| Provide a five-year projection of the anticipated fiscal impact or opportunities for reinvestment, with the termination. (Explain projections, as applicable.) |
| Year 1 |  |
| Year 2 |  |
| Year 3 |  |
| Year 4 |  |
| Year 5 |  |

**Other Information.**

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| Present any other pertinent information that has not been requested. |
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| CampusApprovals (for BoR use only) | System Office | Board of Regents |
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