



UNIVERSITY OF CENTRAL FLORIDA
UNDERGRADUATE STUDIES

Program Recommendation Form

This form is to be used to revise, add, suspend, or inactivate degree programs, minors, tracks, or certificates.

College/Unit(s) Submitting Proposal: _____ **Proposed Effective Term/Year:** _____

Unit(s) Housing Program: _____

Name of Program, minor, track or certificate: _____

Brief Statement of Program Change: (for suspensions or inactivation of degree programs, minors, tracks or certificates, please attach on a separate sheet the rationale for this action, including statement of how this action impacts faculty teaching in and students enrolled in the program, minor, track or certificate. Please note the units that have been consulted if duplication of programs or conflict of interest with other units has occurred.)

Please check one: this action affects a: Program Minor Track Certificate

Please check one: this action is a(n): Addition Inactivation Revision
 Temporary Suspension of Admissions: Length of Suspension _____

Temporary suspension of admissions: The program will be removed from the online application. A notation will be entered in the undergraduate catalog indicating the length of the suspension of admissions. Currently enrolled students will not experience any issues with continued enrollment.

Inactivation: Admissions will be suspended for new students and the program will be removed from the online application. Students active in the program are eligible to complete the program under the appropriate criteria and an appropriate teach-out plan is required. The program will be removed from the catalog as of the approved term.

For program, minor, track or certificate additions or revisions:

1. **Will students be moved from an existing program or track into this new program or track?** Yes No
 If yes, state the name of the program or track where students are currently enrolled: _____

2. **Are you changing the name of an existing program, minor, track or certificate?** Yes No
 If yes, provide the new name of the program, minor, track or certificate: _____
 Provide the name of the current program, minor, track or certificate: _____
When is the name change effective? _____

Please Note: A name change will be effective on all diplomas according to the catalog year. This may affect students currently enrolled or those newly admitted.

3. **Are you requesting a CIP Code change?** (Requires state authorization) Yes No
 If yes, old CIP _____ new CIP _____

4. **Changes must be made in the Undergraduate workflow process (ODAP) indicating changes for the existing description.**

For program, minor, track, and certificate inactivation:

- Are students currently enrolled in the program? Yes No
- If yes, attach a "teach out" plan for all current students specifying how they can finish the program or where students will be placed if being moved to another program. A "teach out" template is available from Undergraduate Studies.
- Please specify the intended time period of inactivation. _____



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RECOMMENDATIONS

Yes No

Department Chair: _____ Date: _____

Yes No

College Curriculum Committee Chair: _____ Date: _____

Yes No

College Dean or Unit Head: _____ Date: _____

Yes No

Chair, UPCC or GSC: _____ Date: _____

Yes No

Dean, Undergraduate Studies or Graduate Studies: _____ Date: _____

Approval:

Provost and Executive Vice President: _____ Date: _____

Distribution: After approval is received from the Provost, distribution will be to:

Department(s)

Associate Registrar

Faculty Senate

College

Institutional Research

Information, Analysis & Assessment

Registrar

Academic Services