

## **ATTACHMENT 2A-1**

### **LETTER OF NOTIFICATION – 5 DELETION**

(Certificate, Degree, Option, Organizational Unit)

1. Institution submitting request:

**University of Arkansas Fayetteville**

2. Contact person/title:

**Dr. Sharon Gaber, Provost and Vice Chancellor for Academic Affairs,  
ADMN 422, University of Arkansas, Fayetteville, AR 72701**

3. Phone number/e-mail address:

**Dr. Sharon Gaber (479) 575-5459 / [sgaber@uark.edu](mailto:sgaber@uark.edu)**

4. Proposed effective date:

**Fall Semester 2011**

5. Title of certificate, degree program, option, or organizational unit:

**Graduate Certificate in Education Policy**

6. CIP Code:

**13.0901**

7. Degree Code:

**5779**

8. Reason for deletion:

**Graduate certificate was designed to be a pre-cursor to the creation of a degree program; the doctoral degree was approved and began being offered in 2008. Certificate is no longer needed.**

9. Number of students still enrolled in program:

**Zero.**

10. Expected graduation date of last student:

**N/A**

11. Name of courses which will be deleted as a result of this action:

**None**

12. How will students in the deleted program be accommodated:

**No students have been admitted for the past four years.**

13. Are funds available for reallocation?

**No**

Board of Trustees Approval Date:

Chief Academic Officer:

Date: