Attachment 4A-1 LETTER OF NOTIFICATION – 5

DELETION

(Certificate, Degree, Option, Organizational Unit)

1.	Institution submitting request: University of Arkansas, Fayetteville
2.	Contact person/title: Sharon Gaber, Provost and Vice Chancellor for Academic Affairs
3.	Phone number/e-mail address: 479/575-2151; sgaber@uark.edu
4.	Proposed effective date: Fall 2012
5.	Title of certificate, degree program, option, or organizational unit: Graduate Certificate in Gerontology
6.	CIP Code: 30.1101
7.	Degree Code: GEROGC
8.	Reason for deletion: Program has not enrolled sufficient students to remain viable.
9.	Number of students still enrolled in program: None
10.	Expected graduation date of last student: N/A
11.	Name of courses which will be deleted as a result of this action: No courses will be deleted.
12.	How will students in the deleted program be accommodated: N/A
13.	Are funds available for reallocation? No.
14.	Provide additional program information requested by ADHE staff.
President/Chancellor Approval Date:	
Boa	rd of Trustees Notification Date:
Chi	ef Academic Officer: Date: