

ATTACHMENT 3B-1

LETTER OF NOTIFICATION – 5 DELETION

(Certificate, Degree, Option, Organizational Unit)

1. Institution submitting request:
The University of Arkansas
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
4. Proposed effective date:
Fall Semester 2011
5. Title of certificate, degree program, option, or organizational unit:
Therapeutic Recreation Concentration under the M.Ed. in Recreation and Sport Management
6. CIP Code:
31.0301
7. Degree Code:
5830
8. Reason for deletion:
**No students have been enrolled in the Therapeutic Recreation Concentration and no
Therapeutic Recreation courses have been taught in the TR Concentration for the past
five years in the HKRD Department.**
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:
None
12. How will students in the deleted program be accommodated:
N/A
13. Are funds available for reallocation?
No

Board of Trustees Approval Date:

Chief Academic Officer:

Date: