Attachment 4B-2 LETTER OF NOTIFICATION – 5

DELETION

(Certificate, Degree, Option, Organizational Unit)

1. Institution submitting request: University of Arkansas, Fayetteville

2.	Contact person/title: Sharon Gaber
3.	Phone number/e-mail address: 479.575.2000 / sgaber@uark.edu
4.	Proposed effective date: Fall 2012
5.	Title of certificate, degree program, option, or organizational unit: Disability Policy specialization in Public Policy
6.	CIP Code: 44.0501
7.	Degree Code: PUBP
8.	Reason for deletion: Low enrollment
9.	Number of students still enrolled in program: 0
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: 0
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: