## Attachment 4B-3 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: Conspecialization in Public Policy	nmunity Development
6.	CIP Code: 44.0501	
7.	Degree Code: PUBP	
8.	Reason for deletion: Reduction of number of specializations	
9.	Number of students still enrolled in program: 1	
10.	. Expected graduation date of last student: May 2013	
11.	. Name of courses which will be deleted as a result of this action: None	Э
12.	. How will students in the deleted program be accommodated: with exi	sting faculty resources
13.	. Are funds available for reallocation? No	
14.	. Provide additional program information requested by ADHE staff.	
President/Chancellor Approval Date:		
Board of Trustees Notification Date:		
Chi	ef Academic Officer:	Date: