LETTER OF NOTIFICATION - 5

DELETION

(Certificate, Degree, Option, Organizational Unit)

1.	nstitution submitting request: University of Arkansas Fayetteville
2.	Contact person/title: Dr. Sharon Gaber / Provost and Vice-Chancellor of Academic Affairs
3.	Phone number/e-mail address: 479-575-5459/ sgaber@uark.edu
4.	Proposed effective date: 2013
5.	Fitle of certificate, degree program, option, or organizational unit: PBC, Food Safety Manager
6.	CIP Code: 01.0907
7.	Degree Code: 2480
8.	Reason for deletion: Certificate Program has not shown adequate enrollment to continue the investment of time and resources. Individuals interested in such coursework have the option to pursue similar avenue through the AFLSMS program.
9.	Number of students still enrolled in program: 0
10	Expected graduation date of last student: none
11	Name of courses that will be deleted as a result of this action: none
12	How will students in the deleted program be accommodated? Not Applicable
	Provide documentation of written notification to students currently enrolled in program.
13	Indicate the amount of program funds available for reallocation: none
14	Provide additional program information if requested by ADHE staff.
Pre	ident/Chancellor Approval Date:
Boa	rd of Trustees Notification Date:
Chi	f Academic Officer: Date: