**Northern Arizona University**

**Office of the Provost**

**Program Request Form for Inactivating an Academic Program, a Modality, Location, a Contractual Agreement, an Educational Partnership, etc.**

**Incl: Degree Programs, Certificates, Emphases, Minors, Micro-credentials**

**For approval by Provost/President and ABOR for Degree Program Name Changes**

**Submit to:** [**Curriculum.Assessment@nau.edu**](mailto:Curriculum.Assessment@nau.edu)

**PROPOSAL**

Primary Contact for Submission:

Level of Degree/Program: Undergraduate  Graduate  Other-Describe:

Title of Academic Program:

Program Type or Degree Type (Micro-credential, Minor, Certificate, B.S., M.A., Ph.D., etc.):

Units or Credit Hours for the Program:

College Resourcing the Program:

*If colleges are partnering to create the program, identify the "Primary College" as the college providing the most academic units toward the credential, then list the other college or colleges also resourcing the partnership.*

Academic Unit(s):

*If academic units are partnering to create the program, identify the "Primary Academic Unit" as the unit providing the most course units toward the credential, then list the other units also resourcing the partnership.*

Brief Description of Inactivation:

Is there a Modality or Location that is being Inactivated? Yes  No  If Yes, continue below:

|  |  |
| --- | --- |
| Modality:  Courses to be Offered Primarily In-Person/ Blended  Courses to be Offered 100% Online  Courses to be Offered in a Personalized Learning/ Competency-Based Framework | Geographic Site:  Courses to be Offered at Flagstaff Campus  Courses to be Offered at Statewide Campus(es) and/or Yuma- List Name(s) of Statewide Campus(es):\_ |

Is a Contractual Arrangement or Educational Partnership being Inactivated?

Yes  No  If Yes, continue below:

|  |
| --- |
| Contractual Arrangement e.g., part of the program is taught by faculty not hired by NAU, or the curriculum is developed by an entity other than NAU  Educational Partnership e.g., the program is being developed to serve a specific organization’s training needs |

**Brief Description of the Rationale/Justification.  Max of 500 words.  Describe the purpose for inactivating the program. (*For example, Is it due to changes in market trends? Is there a lack of student interest? Are there insufficient faculty to teach in the program?)*.**

**Would this program potentially be a candidate for a Contractual Arrangement or an Educational Partnership?**

**If yes, please describe.**

**Enrollments: Provide the enrollments for the current year and past four years** (<https://www7.nau.edu/pair/reports/DegreeSeeking> *NOTE: if a program had no enrollments for that semester, the program will not appear in the analysis for that semester*):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5-YEAR FALL ENROLLMENT** | | | | | | |
|  | **This Year** | **Last Year** | **3 yrs ago** | **4 yrs ago** | **5 yrs ago** |
| # Students Enrolled |  |  |  |  |  |
| Add rows to differentiate varying locations or modalities, if applicable |  |  |  |  |  |

**Teach Out:**

|  |
| --- |
| □ Currently enrolled students who have declared the academic program will be able to finish the program, even with substitutions for requirements  □ Currently enrolled students will not be able to complete the program who declared it |