University of Nebraska-Lincoln

Deletion of Undergraduate Option

# I. Descriptive Information

|  |
| --- |
| **Name of College Proposing Deletion of Option** |
|  |
| **Name of Current Option** |
|  |
| **Associated Major of Current Option** |
|  |
| **Degree currently awarded to Graduates of the Program** |
|  |
| **Other Options Offered in Associated Major** |
|  |
| **Administrative Units for the Option** |
|  |
| **Current Delivery Site** |
|  |
| **Option Currently Offered** *[Full program, not individual courses]* |
| \_\_\_On-campus only \_\_\_Distance only \_\_\_Both (on-campus & distance) |
| **Proposed Date for Deletion***[The deletion date will include advertising, recruiting and admitting students in this option]* |
| *[term/year]* |
| **Option End Date** *[This end date will allow current students to finish the program. It is suggested that for an undergraduate program this date is 5 years after students stop being accepting into the program]* |
|  |

# II. Details

1. **Justification for the Deletion of the Option**
2. **Plan for Deletion of the Option**
3. Current Students [*Number of students currently in the option. Please address if these students be allowed to finish the option and if so, what is the plan for advising?]*
4. Current Faculty and Curriculum *[Address what faculty and curriculum changes will be made if this option is deleted]*
5. Impact on other units and programs
6. Impact on course subject codes
7. Budgetary savings associated with the change

**!**

**When submitting to the Office of the Executive Vice Chancellor, submit**

* Memo from dean or VCIANR to EVC documenting college and department level approvals with original signatures, electronically
* Proposal form as a Word document, electronically
* Supporting documentation as a PDF, electronically