



Board of Regents Program Action Request

Request to Discontinue the Program

1a. UA University #	1b. School or College #VoU	1c. Department or Program #
2. Complete Program Title: U #		
3. Type of Program: y # U <input type="checkbox"/>) <input type="checkbox"/> h " # <input type="checkbox"/>		
4. Type of Action: <input checked="" type="checkbox"/>) @ o 7		
5. Other programs affected by the proposed action, including those at other campuses (please list): h		
6. Specialized accreditation or other external program certification needed or anticipated. List all that apply or		
7. Aligns with University or campus mission, goals, core themes, and objectives (list): # - k h		
8. Teachout Plan (attached) <input type="checkbox"/> h		
o # h)		
# approval th ok <input checked="" type="checkbox"/> V # <input type="checkbox"/>		
k disapproval <input type="checkbox"/>) April 6, 2020		
th ok)		

DocuSigned by:

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