

**PROGRAM TERMINATION FORM**  
Board of Governors, State University System of Florida

Florida Atlantic University

**UNIVERSITY:** \_\_\_\_\_

Education of Specified Learning Disabilities

**PROGRAM NAME:** \_\_\_\_\_

EdD

13.1011

**DEGREE LEVEL(S):** \_\_\_\_\_

**CIP CODE:** \_\_\_\_\_

(Ph.D., Ed.D., etc)

(Classification of Instructional Programs)

Immediately

**ANTICIPATED TERMINATION DATE:** \_\_\_\_\_

(Last date that students will be accepted into program)

Immediately

**ANTICIPATED PHASE-OUT DATE:** \_\_\_\_\_

(Last date that data will be submitted for this program)

*This is the form to be used for university requests to terminate doctoral degree programs and is recommended for use when terminating other programs. The request should be approved by the University Board of Trustees (UBOT) prior to submission to the Board of Governors, State University System of Florida for approval. Please fill out this form completely for each program to be terminated in order for your request to be processed as quickly as possible. Attach additional pages as necessary to provide a complete response. In the case of baccalaureate or master's degree programs, the UBOT may approve termination in accordance with BOG Regulation 8.012 (3), with notification sent to the Board of Governors, Office of Academic and Student Affairs. The issues outlined below should be examined by the UBOT in approving termination.*

1. **Provide a narrative rationale for the request to terminate the program.**  
This program has enrolled no students for at least the last five years. The program serves no useful purpose as students in any doctoral program in Exceptional Student Education now enroll in the broader degree program EXST 13.1001, which is active, reduces program redundancy and accommodates students from multiple specialty programs.
  
3. **Indicate on which campus(es) the program is being offered and the extent to which the proposed termination has had or will have an impact on enrollment, enrollment planning, and/or the reallocation of resources.**  
Program is not enrolled on any campus and is not utilizing any resources.

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- 4. Provide an explanation of the manner in which the University intends to accommodate any students or faculty who are currently active in the program scheduled to be terminated. State what steps have been taken to inform students and faculty of the intent to terminate the program?**

No students enrolled.

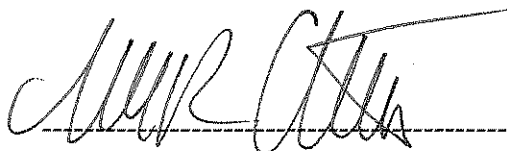
- 5. Provide data (and cite source) on the gender and racial distribution of students and faculty. For faculty also list the rank and tenure status of all affected individuals.**

Not applicable.

- 6. Identify any potential negative impact of the proposed action on the current representation of females, minorities, faculty, and students.**

None.

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Signature of Requestor/Initiator

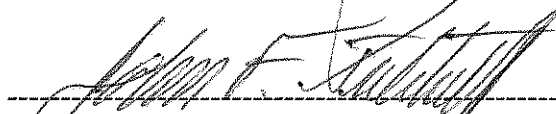
5/27/10  
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Date

  
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Signature of Campus EO Officer

5-27-10  
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Date

  
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Signature of College Dean

5/27/10  
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Date

  
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Signature of Vice President for  
Academic Affairs

5/27/10  
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Date

REVISED 11/2009