



Board of Governors, State University System of Florida
**Specialized Admissions Status
Reaffirmation Request Form**

In Accordance with Board of Governors Regulation 8.013, Specialized Admissions

INSTITUTION: _____

DEGREE PROGRAM: _____

CIP CODE _____ **Effective Academic Year** _____

1. Identify the program, major, or tracks that were initially approved for specialized admissions status and for which you are seeking reaffirmation.
2. Which criteria for specialized admissions status does the program meet?
 - Limited Resources (If approved, the status will last a maximum of four years)
 - Minimal Skills (If approved, the status will last a maximum of five years)
 - Accreditation Requirements (If checked, you must also select either limited resources or minimal skills)
3. If the limited resources criterion above is selected or if the program is a Program of Strategic Emphasis, what efforts has the institution made to increase resources in the program? Describe any additional plans to increase program resources or provide a rationale as to why program resources cannot be increased.
 - Not applicable.
4. How has the specialized admissions status impacted the current race and gender profile of the program? What strategies will be implemented to continue to promote and maintain diversity in the program?

Required Signatures

Requestor/Initiator

Date

Signature of College Dean

Date

Signature of Campus EO Officer

Date

Signature of Provost

Date

Signature of Chair of the
Board of Trustees

Date

Date Approved by the Board of Trustees