 <b>FLORIDA ATLANTIC UNIVERSITY</b>	<b>NEW/CHANGE PROGRAM REQUEST</b> <b>Graduate Programs</b>		UGPC Approval _____ UFS Approval _____ Banner _____ Catalog _____
	<b>Department</b> Curriculum, Culture and Educational Inquiry  <b>College</b> Education		
<b>Program Name</b> M.A. in TESOL and Bilingual Ed	<input type="checkbox"/> <b>New Program*</b>  <input checked="" type="checkbox"/> <b>Change Program*</b>	<b>Effective Date</b> (TERM & YEAR) Spring 2021	
<p><b>Please explain the requested change(s) and offer rationale below or on an attachment.</b></p> <p>This program was changed approximately 5 years ago. There are no students in this program at this time, and there are no admissions or applicants at this time. This will officially terminate and sunset the program as required by the BOG.</p>			
<p><i>*All new programs and changes to existing programs must be accompanied by a catalog entry showing the new or proposed changes.</i></p>			
<b>Faculty Contact/Email/Phone</b> P. Peluso/ppeluso@fau.edu/7-2698		<b>Consult and list departments that may be affected by the change(s) and attach documentation</b> N/A	
<b>Approved by</b> Department Chair <u><i>Janish</i></u> College Curriculum Chair <u><i>Paul R. Peluso</i></u> College Dean <u>Stephen Silverman</u> UGPC Chair <u><i>Christopher Beetle</i></u> UGC Chair <u><i>RRR</i></u> Graduate College Dean <u><i>Paul R. Peluso</i></u> UFS President _____ Provost _____		<b>Date</b> <u>12/1/20</u> _____ 12/2/20 _____ 12/3/2020 _____ Feb 5, 2021 _____ Feb 15, 2021 _____ Feb 15, 2021 _____ _____ _____	

Email this form and attachments to [UGPC@fau.edu](mailto:UGPC@fau.edu) 10 days before the UGPC meeting.



Board of Governors, State University System of Florida  
**ACADEMIC DEGREE PROGRAM TERMINATION FORM**  
In Accordance with BOG Regulation 8.012

**INSTITUTION:** Florida Atlantic University

**PROGRAM NAME:** TESOL & Bi-Lingual Education

**DEGREE LEVEL(S):** M **CIP CODE:** 13.1401  
(B., M., Ph.D., Ed.D., etc.) (Classification of Instructional Programs)

**ANTICIPATED TERMINATION TERM:** Fall 2021  
(First term when no new students will be accepted into the program)

**ANTICIPATED PHASE-OUT TERM:** Fall 2021  
(First term when no student data will be reported for this program)

*Please use this form for academic program termination. The form should be approved by the University Board of Trustees (UBOT) prior to submission to the Board of Governors, State University System of Florida for consideration. 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, and submit this form to the Board of Governors, Office of Academic and Student Affairs. For doctoral level programs, please submit this form with all appropriate signatures for Board of Governor's consideration. The issues outlined below should be examined by the UBOT when approving program terminations.*

- 1. Provide a narrative rationale for the request to terminate the program.**
- This degree program has no current enrollment, and the last term of reported enrollment was Spring 2014. The College anticipates no further need for this degree program as student interest in TESOL and bi-lingual education is currently being served within tracks/concentrations of other degree programs in the College.

- 2. 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.**

The degree program has been offered mainly on the Boca Raton campus. Faculty affiliated with this program provide instruction in other degree programs in the College of Education on multiple campuses. As there has been little to no enrollment in this program for years, the impact on enrollment, enrollment planning and resources for the College is negligible.

- 3. Explain how 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 faculty or students are currently active in the degree program. All faculty who taught in the program offer instruction in other programs in the College of Education and the program currently has no student enrollment.

- 4. Please provide the date when the teach-out plan was submitted to SACSCOC. Include a copy of the notification letter with your submission.**

SACSCOC was advised about the zero enrollment and likelihood of the eventual closure of the program in June 2020. FAU was advised to place the program on temporary suspension until a decision for closure was made.

- 5. Provide data (and cite sources) on the gender and racial distribution of students in and faculty affiliated with the program. For faculty, also list the rank and tenure status of all affected individuals.**

No students are enrolled in the program and no enrollment has been reported since 2014. No faculty will be negatively impacted by this termination as all provide instruction in other programs at FAU.


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

There are currently no active students in the program and enrollment has not been reported since 2014. All faculty will still provide instruction in the College of Education and therefore the mix of female and minority faculty will remain the same.

**7. If this is a baccalaureate program, please explain how and when the Florida College System (FCS) institutions have been notified of its termination so that students can be notified accordingly.**

The proposed termination is a masters level degree program.

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Requestor/Initiator

12/1/20  
Date

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Signature of Campus EO Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of College Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of President or Vice President  
for Academic Affairs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chair of the  
Board of Trustees

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Approved by the Board of Trustees