

PROGRAM OR OPTION ADMISSION CANCELLATION AND/OR SUSPENSION FORM KEAN UNIVERSITY: THE FACULTY SENATE

Must be submitted to the Senate Office in both electronic and paper format. Note: **Receipt by the Senate Office does not indicate Full Senate approval of the admissions cancellation or suspension.**

Today's date: _____

Contact Person: _____ Phone: _____

Department or Program: _____ E-mail: _____

School (if applicable): _____ College: _____

Full title of program or option of which admission will cease or be suspended: _____

Registrar's 5-digit code for program or option: _____

Previous Title (if appropriate): _____

Abbreviated Title _____

Degree obtained by students completing the program or option: _____

Check off: ☐ Undergraduate ☐ Graduate ☐ Other _____

Requested action:	Target Date(s) (month, year):
<input type="checkbox"/> Program admissions cancellation	Program dissolution: _____ (when will all students have completed the program)
<input type="checkbox"/> Program admissions suspension	Program re-activation: _____ Program dissolution: _____ (when will all students have completed the program)
<input type="checkbox"/> Option admissions cancellation	Option dissolution: _____ (when will all students have completed the option)
<input type="checkbox"/> Option admissions suspension	Option re-activation: _____ Option dissolution: _____ (when will all students have completed the option)
<input type="checkbox"/> Other (e.g., program or option consolidation) - list _____	Relevant dates: _____

Note: Please attach a copy of the **guidesheet(s)** related to the program or option to which admission is being suspended, cancelled, or consolidated.

Please complete the following table:

For both program and option admissions cancellation or suspension:	Current	1 year ago	2 years ago	3 years ago	4 years ago	5 years ago	Data source (e.g., institutional research)
Number of students enrolled in the program or option; specify declared AND intended							
Number of full-time faculty (tenured and tenure track) teaching in the program or option							
Number of full-time faculty (tenured and tenure track) teaching ONLY in the option							
Number of lecturers teaching in the program or option							
Number of lecturers teaching ONLY in the option							
Number of course sections							
For program admissions cancellation or suspension only:							
Number of adjunct faculty teaching in the program							
Number of professional staff working in the program							
Number of graduate assistants working in the program							

Other information relevant to the above table (if applicable): _____

Please answer the following questions and attach/submit the answers along with this form.

- (1) What is the purpose and rationale for cancelling/suspending admission to the program or option?
- (2) What is the relationship of the program or option to accreditation? How could accreditation be adversely impacted by the cancellation or suspension of admission to the program or option?
- (3) Describe the role of the program's or department's periodic program review in arriving at the decision to cease or suspend admission to the program or option.
- (4) To be written by the faculty teaching in the program or option: Describe the role of faculty and administration collaboration in deciding to cancel or suspend admission to the program or option. Are all the program's or option's faculty in agreement regarding cancelling or suspending admission? If not, why not? Refer as needed to the vote tally to be provided on p.3.
- (5) How will the cancellation or suspension of admissions to the program or option impact the university overall, including the transformative experience for students in attending college? How does the

program or option contribute, or not contribute, to the University's mission. How is the discontinuation either aligned with the University's mission, or in contradiction to its mission?

- (6) How will the cancellation or suspension of admission to the program or option impact students currently enrolled in the program or option? What steps are being taken to ensure that students' progress to graduation will not be negatively affected by the cancellation or suspension of the program or option?
- (7) Describe the accounting method used in determining student enrollment and adjunct faculty counts presented in the table above. In particular, please indicate the source of the data as well as any metrics or criteria used in determining student count (e.g. exclusion/inclusion of inactive students, double majors, transfer students, etc.). For adjunct faculty, please indicate the average teaching load of adjuncts in the department or program.
- (8) How will the cancellation or suspension of admission to the program or option impact faculty (i.e., tenured, tenure track, lecturer) teaching in the program? If a future program or option cancellation is likely, discuss your thoughts on future planning that is needed, including but not limited to the following: (a) placing faculty in alternative departments or programs; (b) what courses displaced faculty might teach in the future; (c) whether respective unions were or will be notified, and when; and (d) conversations with Deans and Executive Directors in affected colleges and schools.

ACTION AND SIGNATURES

Step 1: Departmental/Program Action

Department/Program #1: _____

Vote Tally of Department or Program Faculty:

Number of votes <u>approving</u> admission cancellation or suspension	Number of votes <u>opposing</u> admission cancellation or suspension	Number of <u>abstentions</u> re: admission cancellation or suspension	Date of Vote

Department or Program Curriculum Chair name: _____ Approval Date _____

Department or Program Curriculum Chair signature: _____

Department Chairperson or Program Coordinator name: _____

Department Chairperson or Program Coordinator signature: _____ Date _____

If applicable:

Department/Program #2: _____

(if department or program is impacted by the program or option admission cancellation or suspension)

Vote Tally of Department or Program Faculty::

Number of votes approving admission cancellation or suspension	Number of votes opposing admission cancellation or suspension	Number of abstentions re: admission cancellation or suspension	Date of Vote

Department or Program Curriculum Chair name: _____ Approval Date _____

Department or Program Curriculum Chair signature: _____

Department Chairperson or Program Coordinator name: _____

Department Chairperson or Program Coordinator signature: _____ Date _____

Step 2: Dean's Action

Dean #1 name _____ College or School _____

Dean's signature indicating approval _____ Date _____

Acknowledgement of Dean's review and consideration of response to question #8 that assesses the impact of program or option admission cancellation or suspension on tenured, tenure track, and lecturer faculty teaching in the program. _____

Dean's initials & date

If applicable:

Dean #2 name _____ College or School _____

Dean's signature indicating approval _____ Date _____

Acknowledgement of Dean's review and consideration of response to question #8 that assesses the impact of program or option admission cancellation or suspension on tenured, tenure track, and lecturer faculty teaching in the program. _____

Dean's initials & date

Step 3: Committee Actions

If applicable: Approved by the GE Committee ☐Yes ☐No If yes, approval date _____

If applicable: GE Committee Chairperson signature _____ Approval Date _____

Approved by UCC ☐Yes ☐No If yes, approval date _____

UCC Chairperson signature _____ Approval Date _____

Step 4: Faculty Senate Action

Received by Faculty Senate office (does **NOT** indicate full Senate approval) ☐ Yes, date: _____

Received by (name of receiving individual): _____

Approved by Full Faculty Senate **vote** ☐ Yes ☐ No If yes, approval date _____

Signature of the Faculty Senate Chairperson _____ Date _____

Step 5: Administrative Action

Approved by Provost/VPAA ☐ Yes ☐ No If yes, approval date _____

Provost/VPAA signature _____ Date _____

Approved by President ☐ Yes ☐ No If yes, approval date _____

President's signature _____ Date _____

Approved by Board of Trustees (BOT) ☐ Yes ☐ No If yes, approval date _____

BOT Chairperson's signature _____ Date _____

Step 6: Notification to the New Jersey President's Council

Academic Issues Committee¹ (AIC) of the New Jersey President's Council (NJPC) has been notified of the intent to terminate² the program or option? ☐ No ☐ Yes, date of notification: _____

Signature of individual notifying AIC or NJPC _____

Name & Title: _____ Date: _____

Step 7: Admissions Department Action

Director of Admissions: _____ Received - ☐ Yes date: _____

Date of removal of program major or option from admissions application: _____

¹ <http://njpc.org/academic-issues-committee-meeting-schedule-2012-2013>

² See <http://njpc.org/documents/academic-issues-committee-manual-2013-2014>, p.14.

If applicable (as part of Step 1)

Step 1: Departmental or Program Action

Department/Program #3: _____

(if department or program is impacted by the program or option admission cancellation or suspension)

Vote Tally of Department or Program Faculty:

Number of votes <u>approving</u> admission cancellation or suspension	Number of votes <u>opposing</u> admission cancellation or suspension	Number of <u>abstentions</u> re: admission cancellation or suspension	Date of Vote

Department or Program Curriculum Chair name: _____ Approval Date _____

Department or Program Curriculum Chair signature: _____

Department Chairperson or Program Coordinator name: _____

Department Chairperson or Program Coordinator signature: _____ Date _____

Department/Program #4: _____

(if department or program is impacted by the program or option admission cancellation or suspension)

Vote Tally of Department or Program Faculty:

Number of votes <u>approving</u> admission cancellation or suspension	Number of votes <u>opposing</u> admission cancellation or suspension	Number of <u>abstentions</u> re: admission cancellation or suspension	Date of Vote

Department or Program Curriculum Chair name: _____ Approval Date _____

Department or Program Curriculum Chair signature: _____

Department Chairperson or Program Coordinator name: _____

Department Chairperson or Program Coordinator signature: _____ Date _____

Note: The tables on p.6 may be copied and completed as appropriate, depending on the number of affected departments or programs.