East Carolina University

Request to Discontinue a Certificate Program or Minor

Date: September 12,2012

College: __Fine Arts and Communication_____ Dept: __Communication_____

Title of Authorized Certificate Program or Minor: ___Media Studies_____

Certificate Program Only

CIP Code: _____ CIP Discipline Specialty Title: _____

Certificate Level: ❑ Pre-baccalaureate* ❑ Post-baccalaureate ❑ Post-master's

* If coupled with a degree program, name/abbreviation of degree_____

Minor Only X Undergraduate ❑ Graduate

Date of Proposed Discontinuation: month January year 2014

Does the discontinuation involve an off-campus site or online delivery of the certificate or minor? NO

❑ Off-campus site ❑ Online delivery

If the certificate program or minor to be discontinued is offered at off-campus sites, please list them.

(1)_____
(city) *(county)* *(state)*
(2)_____
(city) *(county)* *(state)*
(3)_____
(city) *(county)* *(state)*

Explain why the certificate program or minor is being discontinued. If the certificate or minor addresses high priority needs, how will those needs be addressed by other programs? Describe steps to be taken to allow students enrolled in the certificate or minor to complete their courses of study.

The program was discontinued approximately five years ago and all students enrolled at that time have graduated. Therefore, no teach out plan is required.

Consequences of Discontinuation

How many faculty members will be reassigned? __0___

How many staff will be reassigned? __0___

How much funding is to be reallocated based on this discontinuation? __0___

Name, title, telephone, and e-mail of contact person for this request for discontinuation:

__ Linda Kean, Director, School of Communication, 328-1511, keanl@ecu.edu_____

Signature of Dean: _____ Date: _____