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COMMITTEE ON ACADEMIC PLANNING AND REVIEW

Thursday, February 06, 2014  
13-14 CAPR 15

**TO:** The Academic Senate  
**FROM:** The Committee on Academic Planning Review (CAPR)  
**SUBJECT:** 13-14 CAPR 15: Discontinuance of Option in Statistical Economics request  
**PURPOSE:** For approval by the Academic Senate; effective Fall 2015

**BACKGROUND:**

At CAPR's February 6, 2014 meeting, the committee reviewed the request for the discontinuance of the option in Statistical Economics. As noted in the attached document, the option had low enrollment and was requested to discontinue by Dean Leung; the department voted unanimously in support of this request in Fall 2013. CAPR raised no questions or concerns.

**ACTION REQUESTED:**

CAPR unanimously passed Economics' request for the discontinuance of the option in Statistical Economics and asks that the Academic Senate consider approving the request; effective Fall 2015.

CALIFORNIA STATE UNIVERSITY, EAST BAY  
REQUEST FOR APPROVAL OF DISCONTINUANCE OF  
OPTION, MINOR, CERTIFICATE, CREDENTIAL IN Statistical Economics

[Type in name of Option, Minor, Certificate, or Credential as it shows in the current university catalog.]

Quarter: **FALL** Year: 2015 Catalog: 2015-2016 Date Submitted to APGS: 09/27/13  
[First Quarter/Year of Discontinuance] [Catalog in which the option, minor, certificate or credential will last appear]

1. Department: Economics  
[Name of department or program which offers the Option, Minor, Certificate, or Credential.]
2. Full and exact **title** of program, with name of major for options:  
BA in Economics, Option in Statistical Economics  
[Copy from the current university catalog.]
3. List of **other options, minors, certificates, or credentials** in the major/department. [Copy from current university catalog. If requesting the discontinuance of an option, only list other options you might offer, etc.]

General Degree (no option)  
Option in Statistical Economics  
Option in Social Science Economics

4. **Purpose** of the Proposed Discontinuance. [Why does this Option, Minor, Certificate, or Credential need to be discontinued? Is this a current trend in the field? Are other universities doing the same? Will there be any effect on the other programs in your department with the discontinuance of this option, minor, certificate, or credential?]

Low enrollments, Dean's requested discontinuance, and by unanimous vote of department on 9/23/13.

5. **Effects**, if any, on the department's Program Learning Outcomes. [Will the discontinuance of this option, minor, certificate or credential result in any changes to your Program Learning Outcomes?]

None.

6. **How many students** are currently pursuing this option, minor, certificate, or credential? [Please be as accurate as possible.] Fewer than 5 students.

7. The **Department is responsible for accommodating students** who are currently pursuing this option, minor, certificate, or credential in finishing their program. [Explain how the department will go about doing this. Are the courses these students need still being offered and, if not, is the department ready to make appropriate substitutions?]

Courses still being offered.

8. **RESOURCE IMPLICATIONS:** [With the discontinuance of this option, minor, certificate, or credential, is there a need for additional student fees or other resources such as faculty, facilities, equipment, and/or library resources that will not be covered by the department budget.]

None.

9. **CONSULTATION** with other affected departments and program committee:

- a) The following **department(s)** has (have) been consulted and raise **no objections:**  
[If there were no objections to this curriculum request after listing it on the Curriculum Sharepoint site for five working days, type in the following: All Academic Departments and Programs at CSUEB were consulted using the Sharepoint Curriculum site and there were no objections.]

All Academic Departments and Programs at CSUEB were consulted using the Sharepoint Curriculum site and there were no objections.

- b) The following **department(s)** has (have) been consulted and **raised concerns:**

[If there were unresolved objections to this curriculum request after listing it on the Curriculum SharePoint site for five working days, indicate the objecting department or program below, along with the specific concern. If there were no unresolved objections, type in "None."]

None.

10. Certification of **DEPARTMENT APPROVAL** by the chair and faculty.

Chair: Jed DeVaro

Date: 09/27/13

[Print the Department chair's name here. Chair shall sign a hard copy for the College Office files.]

11. Certification of **COLLEGE APPROVAL** by the dean/associate dean and college curriculum committee.

Dean/Associate Dean: Xinjian Lu, Associate Dean

Date: 09/27/13

[Print the Dean or Associate Dean's name here. A hard copy shall be signed for the College Office files.]