



**COMMITTEE ON ACADEMIC PLANNING AND REVIEW**

16-17 CAPR 8  
January 5, 2017

**TO:** The Academic Senate

**FROM:** The Committee on Academic Planning Review (CAPR)

**SUBJECT:** 16-17 CAPR 8: Request for the discontinuance of the MA program in Sociology

**PURPOSE:** For Action by the Senate

**ACTION REQUESTED:** CAPR accepted the Sociology request and asks that the Academic Senate recommend the discontinuance of the MA program in Sociology; with the President's approval, effective Fall 2018

**BACKGROUND:**

At CAPR's January 5, 2017 meeting, the committee reviewed Sociology's request to discontinue the MA program. The program has been under a temporary suspension since 2010. There is lacking staff and faculty resources; there was one student pursuing the major as of November 2015, and she has been accommodated. There are no resource implications and no objections raised by the department. CAPR approved the request, as attached.

CALIFORNIA STATE UNIVERSITY, EAST BAY

[Remember to Delete the Bracketed Text  
as you Respond to Each Item Below.]

First Quarter/Year of Discontinuance  
Quarter: **FALL**  
Year:  
Date Submitted to APGS:  
Catalog: [catalog in which the major  
will last appear]

**REQUEST FOR APPROVAL OF DISCONTINUANCE OF THE MA Program in Sociology**

1. **Department:** Sociology & Social Services
2. Full and exact title of program: MA in Sociology
3. List of **other majors, options, minors, certificates, or credentials** in the major/department. BA in Sociology; Minor in Sociology
3. **Purpose** of the Proposed Discontinuance. The MA Program has been under a temporary suspension for over 3 years. We have decided to discontinue the program. We can no longer staff the MA Program because of growth in our undergraduate program coupled with faculty retirements.
4. **How many students** are currently pursuing this major? One (see #4)

4. The **Department is responsible for accommodating students** One student is working with her thesis advisor to complete the thesis. She has completed all of the required course work. All other MA students completed the degree or are past the seven year limitation on relevant course work.

5. **RESOURCE IMPLICATIONS:** None

6. **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**:

NONE

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

Chair: \_\_\_\_\_

Date: 11/13/15

[Have the Department chair sign a hard copy for the College Office files and type in the person's name here.]

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

Dean/Associate Dean:  Date: 11-9-2015

[Have the Dean or Associate Dean sign a hard copy for the College Office files and type in the person's name here.]

10/13/2015