

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

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

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

1. Department: _____
[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:

[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.]

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?]

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?]

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

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?]

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.]

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.]

- 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."]

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

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