

**Utah System of Higher Education
Notification of Changes to Existing Academic Program**

Institution Submitting Request: University of Utah

Current *NEW (if applicable)*

Program Title: Parks, Recreation, and Tourism

Sponsoring School, College, or Division: College of Health

Sponsoring Academic Department(s) or Unit(s): Health, Kinesiology, and Recreation

Classification of Instruction Program Code¹: 31.0101 **6 - Digit CIP**

Min/Max Credit Hours Required for Full Program: / Max Cr Hr **Min Cr Hr / Max Cr Hr**

Proposed Effective Term for Program Change²: Fall 2019

Institutional Board of Trustees' Approval Date:

Award Type: Doctoral Degree **EDD**

<input type="checkbox"/>	Name Change of Existing Program
<input type="checkbox"/>	Program Restructure with or without Consolidation
<input type="checkbox"/>	Program Transfer to a new academic department or unit
<input type="checkbox"/>	Program Suspension
<input checked="" type="checkbox"/>	Program Discontinuation
<input type="checkbox"/>	Reinstatement of Previously Suspended Program
<input type="checkbox"/>	Out of Service Area Delivery Program -- <i>Attached Signed MOU</i>

Program Change Type (check all that apply):

Program Change Description/Narrative

Briefly describe program change. For program discontinuance or suspension, include teach out plan.

We wish to formally discontinue the EDD from our PRT program. It hasn't been offered for years and there are no students currently enrolled in the EDD.

Chief Academic Officer (or Designee) Signature:

I, the Chief Academic Officer or Designee, certify that all required institutional approvals have been obtained prior to submitting this request to the Office of the Commissioner.

Date: May 30, 2019

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¹ For CIP code classifications, please see <http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55>.

² "Proposed Effective Term" refers to term when change to program is published. **For Suspensions and Discontinuations**, "effective term" refers to the term the program will suspend admissions.

I understand that checking this box constitutes my legal signature.