**Louisiana Board of Regents**

**2011 Academic Program/Low Completer Review**

**APPEAL for CONTINUATION of Existing Academic Program**

Please submit an electronic copy (email attachment, Word or Word Perfect Document preferred; signed PDF may also be attached) of the completed document to Dr. Karen Denby, Associate Commissioner for Academic Affairs, at [karen.denby@la.gov](mailto:karen.denby@la.gov) no later than **Monday, February 28, 2011**. Early submission is welcome. All requests for continuation must be submitted through the appropriate system office. Address all 10 issues, but please limit the response to three pages or less. Recommendations to the Board of Regents will be based on this appeal, as well as consideration of the statewide inventory and relevance to institutional role and scope, particularly for graduate-level programs.

**General Information DATE:**

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| --- | --- |
| Campus: | Program: Title, CIP, Degree/Certificate Awarded |
| Contact Person & Access Info (if clarification is needed): | |

**1**. **Brief description of the program, including enrollment by year classification, faculty support by type, space/facilities, and administrative support.**

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| --- | --- | --- | --- | --- | --- | --- |
| Enrollment: Declared Majors | **SPRING 2011 enrollment Data:** | | | | | |
| FR | SOPH | JR | SR | M/Sp | PhD |
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| --- | --- | --- | --- | --- | --- | --- |
| Faculty Support of this Major | T | TT | FT | PT | Adjunct | Other |
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| Space/facilities; administrative support; etc. |
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**2. Projected enrollments (majors) and completers for the next five years with justification for such projections.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2010-11 | | 2011-12 | | 2012-13 | | 2013-14 | | 2014-15 | |
| Enrl | Compl | Enrl | Compl | Enrl | Compl | Enrl | Compl | Enrl | Compl |
|  |  |  |  |  |  |  |  |  |  |
| Justification: | | | | | | | | | |

**3. Contribution to economic health/development of the state.**

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**4. Uniqueness or relevance to the region or area.**

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**5. Institution’s need to maintain this program to support other programs, or to maintain accreditation, or because of (justified, documented) anticipated cost/revenue loss with elimination** (e.g., recent major investments, external funding support, tuition, etc).

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**6. Placement of graduates** (positions held, places of employment, enrollment in graduate or baccalaureate study).

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| --- | --- |
| 2009-10 Graduates | 2008-09 Graduates |
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**7. Passage rate of completers on licensure/certification exams or measures.**

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| --- | --- | --- |
| Number of Completers | Licensures/Certification Measure | Passage Rate |
| 2009-10: |  |  |
| 2008-09: |  |  |
| 2007-08: |  |  |

**8**. **Program quality as reflected by regional or national reputation, faculty qualifications, and the documented achievements of program graduates.**

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**9. Other measures of program productivity other than numbers of graduates** (grants, publications or other).

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**10**. **Duplication.** In cases where other programs *in the statewide inventory, within the same CIP code and level,* exist, compelling evidence to warrant the continuation of the degree program at this institution. Address plans and efforts toward collaboration or sharing resources with other, similar programs in the state or region, new delivery mechanisms, etc.

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**Other Information**

Present any other significantly pertinent information that has not been requested.