

GRADUATE COUNCIL

PROPOSAL FOR CHANGE IN EXISTING COURSE/PROGRAM

ORIGINATING UNIT: *Neeley ACCT*

TYPE OF ACTION:

_____ Change in existing course
_____X_____ Change in existing program

TYPE OF CHANGE REQUESTED:

_____ Number _____ Title
_____ Description _____ Prerequisite(s)
_____X_____ Drop course/program _____ Program Requirements
_____ Other (specify) _____ Credit Hours _____

Semester and Year Change(s) take effect: Fall 2021

Appropriate Computer Abbreviation (30 spaces or less):

DESCRIPTION OF CHANGE – **highlight**, **bold**, *italics*, or otherwise identify parts that are changed in proposed copy (omit if dropping a course or program):

Please drop the following concentration options in the Master of Accounting Program

ACPR-MAC	Accounting MAC	ACCT	MAC	MAJ	52.0301	Accounting	Active
MACA-MAC	MAC Assurance Services	ACCT	MAC	MAJ	52.0301	Accounting	Active
MACF-MAC	MAC Financial and Valuation	ACCT	MAC	MAJ	52.0301	Accounting	Active
MACT-MAC	MAC Taxation	ACCT	MAC	MAJ	52.0301	Accounting	Active

Present catalog copy:

Proposed catalog copy:

Supporting EVIDENCE OR JUSTIFICATION:

The concentrations are not separate programs.

1. Date of closure (date when new students will no longer be admitted)

Effective immediately

2. An explanation of how affected parties (students, faculty, staff) will be informed of the impending closure.

No current students, faculty, or staff affected. All Neeley faculty vote on the proposal.

3. An explanation of how all affected students will be helped to complete their programs of study with minimal disruption.

Will not affect current students.

4. An indication as to whether the teach-out plan will incur additional charges/expenses to the students and, if so, how the students will be notified.

No necessary teach-out plan

5. Copies of signed teach-out agreements with other institutions, if any.

N/A

6. How faculty and staff will be redeployed or helped to find new employment.

N/A

Explain how the change(s) will affect the current outcomes and assessment mechanisms?

No change

ADDITIONAL RESOURCES REQUIRED:

Faculty: None

Space: None

Equipment: None

Library: None

Other: None

CHANGE IN TEACHING LOAD:

Does this change affect any other units of the University? _____ Yes X No

If yes, submit supporting statement signed by chair of affected unit.

If cross-listed, provide evidence of approval by all curriculum committees appropriate to both the originating and the cross-listed units.

Chair of Originating Unit:

Signature:_____

Mary Stanford

Name:__Mary Stanford_____

Unit:____Accounting_____

Revised 3/2012