Mic. for

16-GPDr. (sigs)

FORMAT 4

Submit originals and one copy and electronic copy to Governance/Faculty Senate Office (email electronic copy to fysenat@uaf.edu)

DELETION OF PROGRAM REQUEST

(UA Regulation 10.04.02)

(Please number the pages and include a table of contents if the request is lengthy.)

	Re	equest to delete program: MS Comput	ational Physics	RECEIVED
	A.	Name of person preparing request		SEP 2 0 2012
		Renate Wackerbauer		Dean's Office College of Natural Science & Mathematic
	B.	Reasons for requesting deletion of p	program	Sende of Hardian Country & Manifellatic
		This program was terminated by the	e Provost	
		Relation of program to other program		
_		Summarize the effects of the brogram	i delenon For exami	ole, will detende of the brogram
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	2.	Enrollment Information: Past and present enrollment statistics should be included			
	3.	Resource Requirements of Program: Should include personnel costs as well as support service costs and space requirements			
III.	<u>Ap</u>	Approval Signature Blocks provided for:			
		Department Head 200) (1) 2017			
		Curriculum Council Chair (July School 9/26/2012			
		Dean Jaga 9/16/12			
		Deen of Graduate School (if anaduate request)			
		President, UAF Faculty Senate			
		Chancellor			
		President			
		Board of Regents			

IV. Provide an executive summary of about one page for inclusion in the Board of Regents committee agenda.

