

2024-2025 Request for Program Deletion

For questions regarding program modifications, please contact

Heather Peck (hpeck@osrhe.edu).

NOTE: This form cannot be saved and should be completed in its entirety at one time.

INSTITUTION AND CONTACT INFORMATION

Institution *

East Central University

Name of Chief Academic Officer *

Dr. Jeffrey Gibson

Email of Chief Academic Officer *

jgibson@ecok.edu

Are you the Chief Academic Officer *

No

Name of person completing this form *

Dr. Jerry Mihelic

Title of person completing this form *

Dean

Email of person completing this form *

gmihelic@ecok.edu

Date of Governing Board Approval

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PROGRAM INFORMATION

Official Degree Designation and Program Title *

e.g. Associate in Science in Cybersecurity, Bachelor of Fine Arts in Music Performance, Master of Science in Accounting

Masters of Education Secondary Education Academic Discipline

Program Code *

Please list the 3-digit OSRHE program code.

834

This program has approved options *

☐ Yes ☒ No

Is this program part of a cooperative agreement? *

☐ Yes ☒ No

NOTE: A separate Modification(s) to Existing Program form will need to be completed for each embedded certificate related to the modification of the main program.

DELETION DETAILS

When will the program be deleted? *

☒ effective immediately ☐ effective beginning Fall 2025

Will any courses be deleted from the course catalog? *

☐ Yes ☒ No

Are students still enrolled in the degree program? *

☐ Yes ☒ No

Justification for program deletion *

Please provide a brief summary of the reason for the requested action.

This program was put on suspension in January of 2022 due to low enrollment and graduates. The program struggled to meet the needs of the working adults enrolled in the program as the program is not fully online. Other programs meet the needs.

Are funds available for reallocation? *

☐ Yes ☒ No

DOCUMENTS

Supporting Documentation

If applicable, submit any documentation related to the requested action.

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