

GENERAL POLICY REPORT #31
May 20, 2005

The items listed below will be considered to have the necessary faculty approval unless a petition requesting further consideration of these items is signed by five faculty members and submitted to the chair of the Faculty Council within 14 calendar days after the May 20, 2005, date of circulation. As a rule, if no petition is received within 14 days or by June 3, 2005, the report will be submitted to the president for approval and transmittal to the regents, if regents' action is required. If a petition is received, the report will be referred to the Faculty Council. On items referred to it, the council may: (1) affirm the action and report it to a meeting of the university faculty, (2) amend the action and report it to a meeting of the university faculty, or (3) rescind the action.

The following items are presented in the policy report that begins immediately below:

1. **FC-05-042:** NOI: Discontinuance of M.S., Geophysics Emphasis, College of Science
2. **FC-05-043:** NOI: Discontinuance of B.S., Office Administration, College of Education
3. **FC-05-044:** NOI: Discontinuance of Recreational Therapy Minor, College of Education
4. **FC-05-045:** NOI: Discontinuance of M.Ed. in Educational Technology, College of Education

IDAHO STATE BOARD OF EDUCATION
ACADEMIC/PROFESSIONAL-TECHNICAL EDUCATION
NOTICE OF INTENT

To initiate a

NEW, EXPANDED, COOPERATIVE, DISCONTINUED, PROGRAM COMPONENT OR OFF-CAMPUS INSTRUCTIONAL PROGRAM
OR INSTRUCTIONAL/RESEARCH UNIT

INSTITUTION SUBMITTING PROPOSAL: UNIVERSITY OF IDAHO
NAME OF COLLEGE, SCHOOL, OR College of Science
DIVISION:
NAME OF DEPARTMENT(S) OR AREA(S): Department of Geological Sciences

Indicate if this Notice of Intent (NOI) is for an Academic or Professional Technical Program

Academic X Professional - Technical _____

A New, Expanded, Cooperative, Contract, or Off-Campus Instructional Program or Administrative/Research Unit
(circle one) leading to:

Master of Science, Geophysics discontinuance
(Degree or Certificate)


Proposed Starting Date: _____

For New Programs:

Program (i.e., degree) Title & CIP
2000

For Other Activity:

- Program Component (major/minor/option/emphasis)
- Off-Campus Activity/Resident Center
- Instructional/Research Unit
- Addition/Expansion
- Discontinuance/consolidation
Master of Science, Geophysics
- Contract Program
- Other

College Dean (Institution) Date
 02-MAY-2005

VP Research & Graduate Studies Date

Chief Fiscal Officer (Institution) Date

State Administrator, SDPTE Date

Chief Academic Officer (Institution) Date

Chief Academic Officer, OSBE Date

President Date

SBOE/OSBE Approval Date

Before completing this form, refer to Board Policy Section III.G. Program Approval and Discontinuance.

1. Briefly describe the nature of the request e.g., is this a new program (degree, program, or certificate) or program component (e.g., new, discontinued, modified, addition to an existing program or option).

Request is to discontinue M.S. Geophysics program at the University of Idaho.

2. Provide a statement of need for program or a program modification. Include student and state need, demand, and employment potential.

Program has had little student demand over the past decade. Boise State University has an established M.S. Geophysics program. No students are currently enrolled in the program at the University of Idaho. No significant impact on faculty FTE.

3. Briefly describe how the institution will ensure the quality of the program (e.g., accreditation, professional societies, licensing boards, etc.).

n.a.

4. Identify similar programs offered within the state of Idaho or in the region by other colleges/universities. If the proposed request is similar to another program, provide a rationale for the duplication.

Boise State University has M.S. and Ph.D. programs in Geophysics.

5. Describe how this request is consistent with the State Board of Education's policy or role and mission of the institution. (i.e., centrality).

Geophysics has not been identified as being central to the University of Idaho's mission.

6. Is the proposed program in the 8-year Plan? Indicate below.

Yes _____ No x

If not on 8-year plan, provide a justification for adding the program.

n.a.

7. Resources--Faculty/Staff/Space Needs/Capital Outlay. (Use additional sheets if necessary.):

Estimated Fiscal Impact	FY _____	FY _____	FY _____	Total _____
A. Expenditures	_____	_____	_____	_____
1. Personnel	_____	_____	_____	\$0
2. Operating	_____	_____	_____	\$0
3. Capital Outlay	_____	_____	_____	\$0
4. Facilities	_____	_____	_____	\$0
TOTAL:	_____	_____	_____	\$0

B. Source of Funds

1. Appropriated-
reallocation

2. Appropriated – New

3. Federal

4. Other:

TOTAL:

B. Nature of Funds

1. Recurring *

2. Non-recurring **

TOTAL:

\$0

* Recurring is defined as ongoing operating budget for the program, which will become of the base.

** Non-recurring is defined as one-time funding in a fiscal year and not part of the base.

**IDAHO STATE BOARD OF EDUCATION
ACADEMIC/PROFESSIONAL-TECHNICAL EDUCATION
NOTICE OF INTENT**

**To initiate a
New, Expanded, Cooperative, Discontinued, program component or Off-Campus Instructional Program
or Instructional/Research Unit**

Institution Submitting Proposal: UNIVERSITY OF IDAHO
 Name of College, School, or Division: College of Education
 Name of Department(s) or Area(s): Division of Adult, Counselor, and Technology Education

Indicate if this Notice of Intent (NOI) is for an Academic or Professional Technical Program
 Academic X Professional - Technical

A New, Expanded, Cooperative, Contract, or Off-Campus Instructional Program or Administrative/Research Unit (circle one) leading to:

Discontinuance of B.S. Office Administration Degree

(Degree or Certificate)

Proposed Starting Date: Program discontinued: June 30, 2006

For New Programs:

For Other Activity:

Program (i.e., degree) Title & CIP
 2000

- Program Component (major/minor/option/emphasis)
- Off-Campus Activity/Resident Center
- Instructional/Research Unit
- Addition/Expansion
- Discontinuance/consolidation
- Contract Program
- Other

College Dean (Institution) Date

VP Research & Graduate Studies Date

Jeanne Christensen 05-03-05

Chief Fiscal Officer (Institution) Date

State Administrator, SDPTE Date

Chief Academic Officer (Institution) Date

Chief Academic Officer, OSBE Date

President Date

SBOE/OSBE Approval Date

Before completing this form, refer to Board Policy Section III.G. Program Approval and Discontinuance.

1. Briefly describe the nature of the request e.g., is this a new program (degree, program, or certificate) or program component (e.g., new, discontinued, modified, addition to an existing program or option).

Discontinue the degree program in office administration at the University of Idaho (B.S. Office Admin.)

2. Provide a statement of need for program or a program modification. Include student and state need, demand, and employment potential. **Attach a Scope and Sequence, SDPTE Form Attachment B, for professional-technical education requests.** (Use additional sheets if necessary.).

This has been a low enrollment program at UI. As a result of changes in curriculum and program design, the technical skill sets developed through this program are more closely aligned with community and technical college programs in Idaho. Students seeking a four-year degree have access through professional-technical education preparation.

The discontinuance of B.S. Office Administration at UI will not impact the state. Students seeking a 4 year degree can seamlessly enter the B.S. Professional / Technical Education degree and access more potential job opportunities. The State of Idaho will not be impacted as there are two-year technical and certificate programs at all the community colleges in the state, and there are four-year programs in this area at two of the universities. There is no accreditation for the program. Faculty time will be reinvested in working with students seeking the degree in professional-technical education.

Students enrolled in the program will be provided with a plan for degree completion, and a teach out will occur over a three year period. No students will be admitted into this degree program effective May, 2005.

3. Briefly describe how the institution will ensure the quality of the program (e.g., accreditation, professional societies, licensing boards, etc.).
4. Identify similar programs offered within the state of Idaho or in the region by other colleges/universities. If the proposed request is similar to another program, provide a rationale for the duplication.

Students seeking technical preparation can access programs at the community and technical college level in Idaho. Students seeking a four-year degree can access the business and marketing education majors through Professional-Technical Education at UI and ISU.

5. Describe how this request is consistent with the State Board of Education's policy or role and mission of the institution. (i.e., centrality).

The BS.Office Administration degree is not central to the role and mission of UI.

6. Is the proposed program in the 8-year Plan? Indicate below.
Yes No

If not on 8-year plan, provide a justification for adding the program.

7. Resources--Faculty/Staff/Space Needs/Capital Outlay. (Use additional sheets if necessary.):

Estimated Fiscal Impact	FY _____	FY _____	FY _____	Total _____
A. Expenditures				
1. Personnel				
2. Operating				
3. Capital Outlay				
4. Facilities				
TOTAL:				
B. Source of Funds				
1. Appropriated-reallocation				
2. Appropriated – New				
3. Federal				
4. Other:				
TOTAL:				
B. Nature of Funds				
1. Recurring *				
2. Non-recurring **				
TOTAL:				

* Recurring is defined as ongoing operating budget for the program, which will become of the base.

** Non-recurring is defined as one-time funding in a fiscal year and not part of the base.

**IDAHO STATE BOARD OF EDUCATION
ACADEMIC/PROFESSIONAL-TECHNICAL EDUCATION
NOTICE OF INTENT**

To initiate a

**New, Expanded, Cooperative, Discontinued, program component or Off-Campus Instructional Program
or Instructional/Research Unit**

Institution Submitting Proposal: UNIVERSITY OF IDAHO
 Name of College, School, or Division: Education
 Name of Department(s) or Area(s): Division of Health, Physical Education, Recreation, and
Dance

Indicate if this Notice of Intent (NOI) is for an Academic or Professional Technical Program

Academic X Professional - Technical

A New, Expanded, Cooperative, Contract, or Off-Campus Instructional Program or Administrative/Research Unit (circle one) leading to:

Discontinuance of Recreational Therapy minor
(Degree or Certificate)

Proposed Starting Date: Minor discontinued: June 30, 2006

For New Programs:

Program (i.e., degree) Title & CIP
2000

For Other Activity:

- Program Component (major/minor/option/emphasis)
- Off-Campus Activity/Resident Center
- Instructional/Research Unit
- Addition/Expansion
- Discontinuance/consolidation
- Contract Program
- Other

College Dean (Institution) Date
Jeanne Christensen 05-03-05
Chief Fiscal Officer (Institution) Date
Chief Academic Officer (Institution) Date
President Date

VP Research & Graduate Studies Date
State Administrator, SDPTE Date
Chief Academic Officer, OSBE Date
SBOE/OSBE Approval Date

Before completing this form, refer to Board Policy Section III.G. Program Approval and Discontinuance.

1. Briefly describe the nature of the request e.g., is this a new program (degree, program, or certificate) or program component (e.g., new, discontinued, modified, addition to an existing program or option).

Discontinuance of the Recreational Therapy (TR) minor

2. Provide a statement of need for program or a program modification. Include student and state need, demand, and employment potential. **Attach a Scope and Sequence, SDPTE Form Attachment B, for professional-technical education requests.** (Use additional sheets if necessary.).

This minor is recommended for discontinuance based on enrollment patterns and a need to reinvest and focus faculty time in the recreation major. During the past five years an average of 10 students were declared TR minors. Most students seeking the TR minor are also recreation majors. This is the only TR minor offered in the state of Idaho. Employment opportunities exist in state and private hospitals, nursing homes and municipal parks and recreation programs.

The TR minor has 1.0 FTE faculty with .50 FTE devoted to the minor. Discontinuance of this minor will allow for the .5 FTE faculty to be reinvested in strengthening the undergraduate degree in recreation with a focus on the outdoor recreation leadership and municipal and park recreation options.

Students enrolled in the minor will be able to complete their degree at the UI. A two-year phase out plan is in place to support student advising and access to courses for completion of the minor (the courses are offered on a two-year rotation); the plan will be completed June 30, 2007. No new students will be admitted to the minor effective May 2005.

3. Briefly describe how the institution will ensure the quality of the program (e.g., accreditation, professional societies, licensing boards, etc.).
4. Identify similar programs offered within the state of Idaho or in the region by other colleges/universities. If the proposed request is similar to another program, provide a rationale for the duplication.

No other college or university in Idaho offers a TR minor.

5. Describe how this request is consistent with the State Board of Education's policy or role and mission of the institution. (i.e., centrality).

The TR minor is not a program central to the SBOE's policy of role and mission of the UI.

6. Is the proposed program in the 8-year Plan? Indicate below.
Yes _____ No X

If not on 8-year plan, provide a justification for adding the program.

7. Resources--Faculty/Staff/Space Needs/Capital Outlay. (Use additional sheets if necessary.):

Estimated Fiscal Impact FY _____ FY _____ FY _____ Total _____

A. Expenditures

	_____	_____	_____	_____
1. Personnel	_____	_____	_____	_____
2. Operating	_____	_____	_____	_____
3. Capital Outlay	_____	_____	_____	_____
4. Facilities	_____	_____	_____	_____

TOTAL:

	_____	_____	_____	_____
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B. Source of Funds

	_____	_____	_____	_____
1. Appropriated- reallocation	_____	_____	_____	_____
2. Appropriated – New	_____	_____	_____	_____
3. Federal	_____	_____	_____	_____
4. Other:	_____	_____	_____	_____

TOTAL:

	_____	_____	_____	_____
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B. Nature of Funds

	_____	_____	_____	_____
1. Recurring *	_____	_____	_____	_____
2. Non-recurring **	_____	_____	_____	_____

TOTAL:

	_____	_____	_____	_____
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* Recurring is defined as ongoing operating budget for the program, which will become of the base.

** Non-recurring is defined as one-time funding in a fiscal year and not part of the base.

**IDAHO STATE BOARD OF EDUCATION
ACADEMIC/PROFESSIONAL-TECHNICAL EDUCATION
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NEW, EXPANDED, COOPERATIVE, DISCONTINUED, PROGRAM COMPONENT OR OFF-CAMPUS INSTRUCTIONAL
PROGRAM OR INSTRUCTIONAL/RESEARCH UNIT**

Institution Submitting Proposal: UNIVERSITY OF IDAHO
 Name of College, School, or Division: College of Education
 Name of Department(s) or Area(s): College of Education

Indicate if this Notice of Intent (NOI) is for an Academic or Professional Technical Program
 Academic X Professional - Technical _____

A New, Expanded, Cooperative, Contract, or Off-Campus Instructional Program or
 Administrative/Research Unit (circle one) leading to:

Discontinuance of M.Ed. in Educational Technology
 (Degree or Certificate)
 Proposed Starting Date: Program discontinued: June 30, 2006

For New Programs:

 Program (i.e., degree) Title & CIP
 2000

For Other Activity:

- Program Component (major/minor/option/emphasis)
- Off-Campus Activity/Resident Center
- Instructional/Research Unit
- Addition/Expansion
- Discontinuance/consolidation
- Contract Program
- Other

 College Dean (Institution) Date

Jeanne Christensen 05-03-05

 Chief Fiscal Officer (Institution) Date

 VP Research & Graduate Studies Date

 State Administrator, SDPTE Date

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 Chief Academic Officer, OSBE Date

 President Date

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Before completing this form, refer to Board Policy Section III.G. Program Approval and Discontinuance.

1. Briefly describe the nature of the request e.g., is this a new program (degree, program, or certificate) or program component (e.g., new, discontinued, modified, addition to an existing program or option).

Discontinue the M.Ed. in Educational Technology

2. Provide a statement of need for program or a program modification. Include student and state need, demand, and employment potential. **Attach a Scope and Sequence, SDPTE Form Attachment B, for professional-technical education requests.** (Use additional sheets if necessary.).

The M.Ed. in Educational Technology was designed to meet a statewide need for school based educational technologists. Teachers and other school based staff seeking the knowledge, skills, and dispositions offered in this degree provide students with options to acquire them.

The discontinuance of this degree not affect faculty FTE and has no financial impact. Since it is a low enrollment degree, the discontinuance will increase faculty time for other critical program investment.

Students currently enrolled in the degree program will be provided a two-year phase to complete degree requirements. Future students who have an interest in educational technology will be advised to consider the M.Ed. in Professional/Technical and Technology Education or through a specially designed emphasis in the M.Ed. in Curriculum and Instruction. No students will be admitted into this degree program effective May, 2005.

3. Briefly describe how the institution will ensure the quality of the program (e.g., accreditation, professional societies, licensing boards, etc.).

4. Identify similar programs offered within the state of Idaho or in the region by other colleges/universities. If the proposed request is similar to another program, provide a rationale for the duplication.

BSU offers an online M.S. in Educational Technology and certificate programs for teachers and technology coordinators.

5. Describe how this request is consistent with the State Board of Education's policy or role and mission of the institution. (i.e., centrality).

Teacher preparation is within the approved role and mission of UI; there is no specific role and function for this specialization.

6. Is the proposed program in the 8-year Plan? Indicate below.

Yes X No _____

If not on 8-year plan, provide a justification for adding the program.

7. Resources--Faculty/Staff/Space Needs/Capital Outlay. (Use additional sheets if necessary.):

Estimated Fiscal Impact	FY _____	FY _____	FY _____	Total _____
A. Expenditures				
1. Personnel				
2. Operating				
3. Capital Outlay				
4. Facilities				
TOTAL:				
B. Source of Funds				
1. Appropriated-reallocation				
2. Appropriated – New				
3. Federal				
4. Other:				
TOTAL:				
B. Nature of Funds				
1. Recurring *				
2. Non-recurring **				
TOTAL:				

* Recurring is defined as ongoing operating budget for the program, which will become of the base.

** Non-recurring is defined as one-time funding in a fiscal year and not part of the base.