SOUTH DAKOTA BOARD OF REGENTS
ACADEMIC AFFAIRS FORMS

Program Termination or Placement on Inactive Status

Use this form to request termination or inactive status for an existing program (graduate program, undergraduate major or minor, certificate, or specialization). The Board of Regents, Executive Director, and/or their designees may request additional information about the proposal. After the university President approves the proposal, submit a signed copy to the Executive Director through the system Chief Academic Officer. Only post the form to the university website for review by other universities after approval by the Executive Director and Chief Academic Officer.

UNIVERSITY:	NSU
DEGREE(S) AND PROGRAM:	Medical Laboratory Science (BS)
CIP CODE:	51.1005
UNIVERSITY DEPARTMENT:	Science & Mathematics
BANNER DEPARTMENT CODE:	NSCM
UNIVERSITY DIVISION:	College of Arts & Sciences
BANNER DIVISION CODE:	5A

University Approval

To the Board of Regents and the Executive Director: I certify that I have read this proposal, that I believe it to be accurate, and that it has been evaluated and approved as provided by university policy.

_____   10/14/2022
President (or Designee) of the University   Date

1. **Program Degree Level (*place an "X" in the appropriate box*):**

   Associate ☐   Bachelor's ☒   Master's ☐   Doctoral ☐

2. **Category (*place an "X" in the appropriate box*):[1]**

   Certificate ☐   Specialization ☐   Minor ☐   Major ☒

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[1] Note: Certificates, specializations, and minors may only be terminated and not placed on inactive status due to limitations in the student information system.

3. **The program action proposed is (*place an "X" in the appropriate box*):[2]**

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Inactive Status ☒   Termination ☐

See question 4   *See questions 5 and 6*

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4. **INACTIVE STATUS**

   A. **Provide a justification for inactivating the program:**

   The Medical Laboratory Science (MLS) program has been a consistently low-enrolled program for the past three years. Based on this information along with a change in availability of faculty teaching the courses in the program, we would like to inactivate the program rather than terminating it outright, as this would give us the opportunity to reassess the feasibility of reactivating the program at a later date. Additionally, because programs like this are vital to South Dakota workforce needs in the healthcare field, and those who have graduated from the program have proven successful in obtaining employment within the field, the opportunity to reassess the program at a later date is preferred.

   B. **If there are current students in the program, what are the implications of placing the program on inactive status?**

   This will have no effect on the remaining students. We will ensure that all required courses to complete the major will be offered in a feasible rotation so that students currently enrolled in the program may graduate in a timely manner.

   C. **What is the last date (day/month/year) by which a student can graduate in the program?**

   5 May 2029

   D. **What is the proposed date (day/month/year) inactive status takes effect (the proposed date for inactive status is also the last date a student may enroll in or declare the program)?**

   1 January 2023

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[2] Note: An inactive program is a program a university has authority to offer, but the program is not admitting new students and has not formally terminated. A presumption exists that inactive status is a temporary status; universities review inactive programs periodically to determine the feasibility of reactivating or terminating the program. Programs can remain inactive for five (5) consecutive years at which time a university must terminate the program. A terminated program is a program for which a university ceases to have authority to offer. Reinstatement of a terminated program requires university and BOR approval through the prescribed new program approval processes.

5. **TERMINATION WITH ENROLLED STUDENTS**

   A. **Provide a justification for terminating the program:**

   B. **What is the plan for completion of the program by current students?**

   C. **What is the proposed date (day/month/year) program termination status begins (program status in the database changes to *Phasing Out* and last date a student may enroll in or declare the program)?**

   D. **What is the last date (day/month/year) in which a student may enroll in the program (program status in the database changes to *Phase Out*)?**

   E. **What is the last term or date (day/month/year) by which a student can graduate from the program?**

   F. **What are the potential cost savings of terminating the program and what are the planned uses of the savings?**

   G. **What are the resulting employee terminations and other possible implications including impact on other programs?**

6. **TERMINATION WITHOUT ENROLLED STUDENTS**

   A. **Provide a justification for terminating the program:**

   B. **What is the proposed date (day/month/year) for the program to terminate (program status in the database changes to *Deleted*)?**

   C. **What are the potential cost savings of terminating the program and what are the planned uses of the savings?**

   D. **What are the resulting employee terminations and other possible implications including impact on other programs?**