Missouri Department of Higher Education
EXISTING ACADEMIC PROGRAM REVIEW
REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS

Missouri University of Science at S&T

Form 1

<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
<th>Degree Designation (e.g. AA, BS, MA, PhD, etc.)</th>
<th>Date of Original Program Approval (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemistry</td>
<td>B.S. (non ACS)</td>
<td>01/01/83</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CIP Code(s) (#####, no decimal)</th>
<th>Degree Level Code and Name</th>
<th>Date of Last Internal Review (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>400501</td>
<td>07) Baccalaureate</td>
<td>10/10/10</td>
</tr>
</tbody>
</table>

CHECK ANY OF THE FOLLOWING TO DESCRIBE ACTION(S) THE INSTITUTION WILL TAKE CONCERNING THIS PROGRAM AND ATTACH REQUIRED DOCUMENTATION (X all that apply)

- [X] Program has been or will be voluntarily terminated (submit copy of MDHE program deletion form or other official documentation that program elimination is in process)
- MDHE data are inaccurate; program meets criteria/standards for productivity (document discrepancy in data and identify source)
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- # of additional documents attached: (Use convention: initials_cipcode_deglevcode_doc#; e.g. S&T_400501_07_1)

Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.

We intend to do paperwork to terminate.
### Form 2

<table>
<thead>
<tr>
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<th>Date of Original Program Approval (MM/DD/YY)</th>
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</thead>
<tbody>
<tr>
<td>English</td>
<td>B.A.</td>
<td>01/01/67</td>
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<table>
<thead>
<tr>
<th>CIP Code(s) (#####)</th>
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<th>Date of Last Internal Review (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>230101</td>
<td>07) Baccalaureate</td>
<td>10/15/10</td>
</tr>
</tbody>
</table>

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1 # of additional documents attached: (Use convention: initials_cipcode_deglevcode_doc#; e.g. S&T_230101_07_1)

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<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
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<th>Date of Original Program Approval (MM/DD/YY)</th>
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<tr>
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<td>Degree Level Code and Name</td>
<td>Date of Last Internal Review (MM/DD/YY)</td>
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<tr>
<td>140101</td>
<td>07) Baccalaureate</td>
<td>10/31/08</td>
</tr>
</tbody>
</table>

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Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.

Intend to terminate after last student graduates. Last student is projected to graduate in May 2011.
<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
<th>Degree Designation (e.g. AA, BS, MA, PhD, etc.)</th>
<th>Date of Original Program Approval (MM/DD/YY)</th>
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<tr>
<td>Philosophy</td>
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<td>01/01/68</td>
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<th>Degree Level Code and Name</th>
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<tr>
<td>380101</td>
<td>07) Baccalaureate</td>
<td>10/15/08</td>
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Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.

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Form 5

Program Inventory Name(s) | Degree Designation (e.g. AA, BS, MA, PhD, etc.) | Date of Original Program Approval (MM/DD/YY)
Missouri Department of Higher Education
EXISTING ACADEMIC PROGRAM REVIEW
REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS

Petroleum Engineering  B.S.  01/01/34

<table>
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<th>CIP Code(s) (#####, no decimal)</th>
<th>Degree Level Code and Name</th>
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<td>07) Baccalaureate</td>
<td>10/15/09</td>
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Form 6

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<tr>
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<th>Degree Designation (e.g. AA, BS, MA, PhD, etc.)</th>
<th>Date of Original Program Approval (MM/DD/YY)</th>
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<tr>
<td>Nursing (coop with UMSL)</td>
<td>B.S.</td>
<td>Prior to 2000</td>
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**Missouri Department of Higher Education**  
**EXISTING ACADEMIC PROGRAM REVIEW**  
**REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS**

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<td>513801</td>
<td>07 Baccalaureate</td>
<td>Prior to 2000</td>
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Intend to terminate after processing paperwork.

---

**Form 7**

<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
<th>Degree Designation (e.g. AA, BS, MA, PhD, etc.)</th>
<th>Date of Original Program Approval (MM/DD/YY)</th>
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<tbody>
<tr>
<td>Applied Mathematics</td>
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**Missouri Department of Higher Education**

**EXISTING ACADEMIC PROGRAM REVIEW**

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<tbody>
<tr>
<td>270301</td>
<td>09) Masters</td>
<td>10/15/10</td>
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<th>Date of Original Program Approval (MM/DD/YY)</th>
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<th>CIP Code(s) (#######, no decimal)</th>
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<tbody>
<tr>
<td>270301</td>
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<td>10/15/10</td>
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7
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<th>Date of Original Program Approval (MM/DD/YY)</th>
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<tbody>
<tr>
<td>Earth Sciences</td>
<td>M.S.</td>
<td>Prior to 2000</td>
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</table>

<table>
<thead>
<tr>
<th>CIP Code(s) (#####, no decimal)</th>
<th>Degree Level Code and Name</th>
<th>Date of Last Internal Review (MM/DD/YY)</th>
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</thead>
<tbody>
<tr>
<td>400703</td>
<td>09) Masters</td>
<td>Prior to 2000</td>
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We will terminate this program after processing paperwork.

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<thead>
<tr>
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<th>Date of Original Program Approval (MM/DD/YY)</th>
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<tbody>
<tr>
<td>Engineering Mechanics</td>
<td>M.S.</td>
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<tr>
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<td>09) Masters</td>
<td>Prior to 2000</td>
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</tbody>
</table>
There has been decreasing interest in both the MS and PhD degree programs in engineering mechanics over the past decade with, typically, enrollments of only 2 or 3. Students who want an engineering mechanics education can acquire that skill by taking mechanics courses and graduating with a MS degree in Mechanical Engineering. This program is inactive and we intend to terminate it after processing the paperwork.

**Form 11**

<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
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<th>Date of Original Program Approval (MM/DD/YY)</th>
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<tr>
<td>Explosives Engineering</td>
<td>M.S.</td>
<td>06/01/10</td>
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<tr>
<th>CIP Code(s) (#####), no decimal</th>
<th>Degree Level Code and Name</th>
<th>Date of Last Internal Review (MM/DD/YY)</th>
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<tr>
<td>142101</td>
<td>09) Masters</td>
<td>10/15/09</td>
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Form 12

Program Inventory Name(s)  Metallurgical Engineering
Degree Designation (e.g. AA, BS, MA, PhD, etc.)  M.S.
Date of Original Program Approval (MM/DD/YY)  01/01/1893

CIP Code(s) (#######, no decimal)  142001
Degree Level Code and Name  09) Masters
Date of Last Internal Review (MM/DD/YY)  10/10/09

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- Program contains courses that support general education and/or other programs (provide documentation to show how the low-productivity program supports other programs)
- Interdisciplinary program (provide evidence of percentage of the required courses in the curriculum that are unique to program)
- Program shares a substantial number of courses and faculty with other similar programs (provide CIP codes for other programs and evidence of shared resources)
- Student or employer demand, or demand for intellectual property is high and external funding will be jeopardized by program closure (provide evidence and cite sources of demand or funding)
- Program provides unique access to an underserved population or geographical area (provide justification)
- Program meets a unique need in the region, state, or nation (provide justification)
- Joint/consortium program in which combined number of graduates meets productivity standards (provide copy of consortium agreement and enrollments in other programs)
- Other (e.g., development plan to increase completion rate with specific date for results; revenue-producing program; potential for collaborative program: program being put on inactive status; master’s program in same discipline as a PhD with sufficient graduates, etc.)

# of additional documents attached: (Use convention: initials_cipcode_deglevcode_dod#; e.g. S&T_142001_09_1)

Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.
**Form 14**

<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
<th>Degree Designation (e.g. AA, BS, MA, PhD, etc.)</th>
<th>Date of Original Program Approval (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mining Engineering</td>
<td>M.S.</td>
<td>1/1/1873</td>
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<table>
<thead>
<tr>
<th>CIP Code(s) (#####, no decimal)</th>
<th>Degree Level Code and Name</th>
<th>Date of Last Internal Review (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>142101</td>
<td>09) Masters</td>
<td>10/15/09</td>
</tr>
</tbody>
</table>

Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.

**CHECK ANY OF THE FOLLOWING TO DESCRIBE ACTION(S) THE INSTITUTION WILL TAKE CONCERNING THIS PROGRAM AND ATTACH REQUIRED DOCUMENTATION (X all that apply)**

- [ ] Program has been or will be voluntarily terminated (submit copy of MDHE program deletion form or other official documentation that program elimination is in process)
- [ ] MDHE data are inaccurate; program meets criteria/standards for productivity (document discrepancy in data and identify source)
- [ ] New program approved within the past five years and is exempt from program review process (provide documentation with program initiation date)
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- [ ] Program contains courses that support general education and/or other programs (provide documentation to show how the low-productivity program supports other programs)
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# of additional documents attached: (Use convention: initials_cipcode_deglevcode_doc#; e.g. S&T_270101_09_1)

Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.
### Form 15

<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
<th>Degree Designation (e.g. AA, BS, MA, PhD, etc.)</th>
<th>Date of Original Program Approval (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nuclear Engineering</td>
<td>M.S.</td>
<td>01/01/58</td>
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<th>CIP Code(s) (######, no decimal)</th>
<th>Degree Level Code and Name</th>
<th>Date of Last Internal Review (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>142301</td>
<td>(09) Masters</td>
<td>10/15/09</td>
</tr>
</tbody>
</table>

### Request for Productivity Information and Justifications

- **Program meets a unique need in the region, state, or nation** (provide justification)
- **Program contains courses that support general education and/or other programs** (provide documentation to show how the low-productivity program supports other programs)
- **Interdisciplinary program** (provide evidence of percentage of the required courses in the curriculum that are unique to the program)
- **Program shares a substantial number of courses and faculty with other similar programs** (provide CIP codes for other programs and evidence of shared resources)
- **Student or employer demand, or demand for intellectual property is high and external funding will be jeopardized by program closure** (provide evidence and cite sources of demand or funding)
- **Program provides unique access to an underserved population or geographical area** (provide justification)

X **Program is critical to mission and will be retained** (provide supporting documentation)

**CHECK ANY OF THE FOLLOWING TO DESCRIBE ACTION(S) THE INSTITUTION WILL TAKE CONCERNING THIS PROGRAM AND ATTACH REQUIRED DOCUMENTATION (X all that apply)**

- Program has been or will be voluntarily terminated (submit copy of MDHE program deletion form or other official documentation that program elimination is in process)
- MDHE data are inaccurate; program meets criteria/standards for productivity (document discrepancy in data and identify source)
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- Student or employer demand, or demand for intellectual property is high and external funding will be jeopardized by program closure (provide evidence and cite sources of demand or funding)
- Program provides unique access to an underserved population or geographical area (provide justification)

X **Program meets a unique need in the region, state, or nation** (provide justification)

**Joint/consortium program in which combined number of graduates meets productivity standards** (provide copy of consortium agreement and enrollments in other programs)

**Other** (e.g., development plan to increase completion rate with specific date for results; revenue-producing program; potential for collaborative program; program being put on inactive status; master’s program in same discipline as a PhD with sufficient graduates, etc.)

1 # of additional documents attached: (Use convention: initials_cipcode_deglevcode_doc#; e.g. S&T_142101_09_1)

Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.
**Form 16**

<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
<th>Degree Designation (e.g. AA, BS, MA, PhD, etc.)</th>
<th>Date of Original Program Approval (MM/DD/YY)</th>
<th>CIP Code(s) (######, no decimal)</th>
<th>Degree Level Code and Name</th>
<th>Date of Last Internal Review (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petroleum Engineering</td>
<td>M.S.</td>
<td>01/01/34</td>
<td>142501</td>
<td>09) Masters</td>
<td>10/15/09</td>
</tr>
</tbody>
</table>

**Check any of the following to describe action(s) the institution will take concerning this program and attach required documentation (X all that apply)**

- Program has been or will be voluntarily terminated (submit copy of MDHE program deletion form or other official documentation that program elimination is in process)
- MDHE data are inaccurate; program meets criteria/standards for productivity (document discrepancy in data and identify source)
- New program approved within the past five years and is exempt from program review process (provide documentation with program initiation date)
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- Student or employer demand, or demand for intellectual property is high and external funding will be jeopardized by program closure (provide evidence and cite sources of demand or funding)
- Program provides unique access to an underserved population or geographical area (provide justification)

**Program meets a unique need in the region, state, or nation (provide justification)**

- Joint/consortium program in which combined number of graduates meets productivity standards (provide copy of consortium agreement and enrollments in other programs)
- Other (e.g., development plan to increase completion rate with specific date for results; revenue-producing program; potential for collaborative program: program being put on inactive status; master’s program in same discipline as a PhD with sufficient graduates, etc.)

1 # of additional documents attached: (Use convention: initials_cipcode_deglevcode_doc#; e.g. S&T_142301_09_1)

Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.
CHECK ANY OF THE FOLLOWING TO DESCRIBE ACTION(S) THE INSTITUTION WILL TAKE CONCERNING
THIS PROGRAM AND ATTACH REQUIRED DOCUMENTATION (X all that apply)

☐ Program has been or will be voluntarily terminated (submit copy of MDHE program deletion
form or other official documentation that program elimination is in process)

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discrepancy in data and identify source)

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(provide CIP codes for other programs and evidence of shared resources)

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☐ Other (e.g., development plan to increase completion rate with specific date for results; revenue-producing program; potential for collaborative program:
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☐ # of additional documents attached: (Use convention: initials_cipcode_deglevcode_doc#; e.g. S&T_142501_09_1)

Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action.
Use separate attachment if necessary.

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Form 17

Program Inventory Name(s) | Degree Designation (e.g. AA, BS, MA, PhD, etc.) | Date of Original Program Approval (MM/DD/YY)
----------------------------|-----------------------------------------------|---------------------------------------------
Aerospace Engineering      | Ph.D.                                         | 09/01/90                                    

CIP Code(s) (#####, no decimal) | Degree Level Code and Name | Date of Last Internal Review (MM/DD/YY)
--------------------------------|---------------------------|---------------------------------------------
141201                        | 13) Doctoral               | 10/15/09                                   

---

16
CHECK ANY OF THE FOLLOWING TO DESCRIBE ACTION(S) THE INSTITUTION WILL TAKE CONCERNING THIS PROGRAM AND ATTACH REQUIRED DOCUMENTATION (X all that apply)

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☐ Other (e.g., development plan to increase completion rate with specific date for results; revenue-producing program; potential for collaborative program: program being put on inactive status; master’s program in same discipline as a PhD with sufficient graduates, etc.)

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Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.

---

Form 18

Program Inventory Name(s) | Degree Designation (e.g. AA, BS, MA, PhD, etc.) | Date of Original Program Approval (MM/DD/YY)
---|---|---
Metallurgical Engineering | Ph.D. | 01/01/33

CIP Code(s) (#####, no decimal) | Degree Level Code and Name | Date of Last Internal Review (MM/DD/YY)
---|---|---
142001 | 13) Doctoral | 10/10/09
Form 19

Program Inventory Name(s)  Engineering Mechanics  Degree Designation (e.g. AA, BS, MA, PhD, etc.)  Ph.D.  Date of Original Program Approval (MM/DD/YY)  
CIP Code(s)  141101  Degree Level Code and Name  13) Doctoral  Date of Last Internal Review (MM/DD/YY)  

Provided sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.
Missouri Department of Higher Education
EXISTING ACADEMIC PROGRAM REVIEW
REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS

There has been decreasing interest in both the MS and PhD degree programs in engineering mechanics over the past decade with, typically, enrollments of only 2 or 3. Students who want an engineering mechanics education can acquire that skill by taking mechanics courses and graduating with a MS degree in Mechanical Engineering.

Form 20

Program Inventory Name(s)
Petroleum Engineering

Degree Designation (e.g. AA, BS, MA, PhD, etc.)
Ph.D.

Date of Original Program Approval (MM/DD/YY)
01/01/66

CIP Code(s) (#####, no decimal)
142501

Degree Level Code and Name
13) Doctoral

Date of Last Internal Review (MM/DD/YY)
10/15/09
Missouri Department of Higher Education  
EXISTING ACADEMIC PROGRAM REVIEW  
REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS

Form 21

<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
<th>Degree Designation (e.g. AA, BS, MA, PhD, etc.)</th>
<th>Date of Original Program Approval (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer Science</td>
<td>Ph.D.</td>
<td>01/01/76</td>
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<th>CIP Code(s) (#######, no decimal)</th>
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<tbody>
<tr>
<td>110101</td>
<td>13) Doctoral</td>
<td>10/15/10</td>
</tr>
</tbody>
</table>

Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.

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# of additional documents attached: (Use convention: initials_cipcode_deglevelcode_doc#; e.g. S&T_142501_13_1)
**Form 22**

<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
<th>Degree Designation (e.g. AA, BS, MA, PhD, etc.)</th>
<th>Date of Original Program Approval (MM/DD/YY)</th>
<th>Date of Last Internal Review (MM/DD/YY)</th>
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<tbody>
<tr>
<td>Chemical Engineering</td>
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<td>10/15/09</td>
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**CIP Code(s) (#####), no decimal**

<table>
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<th>Degree Level Code and Name</th>
<th># of additional documents attached: (Use convention: initials_cipcode_deglevcode_doc#; e.g. S&amp;T_110101_13_1)</th>
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</thead>
<tbody>
<tr>
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**CHECK ANY OF THE FOLLOWING TO DESCRIBE ACTION(S) THE INSTITUTION WILL TAKE CONCERNING THIS PROGRAM AND ATTACH REQUIRED DOCUMENTATION (X all that apply)**

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<thead>
<tr>
<th>Program Inventory Name(s)</th>
<th>Degree Designation (e.g. AA, BS, MA, PhD, etc.)</th>
<th>Date of Original Program Approval (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer Engineering</td>
<td>Ph.D.</td>
<td>06/11/98</td>
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<table>
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<th>CIP Code(s) (#####; no decimal)</th>
<th>Degree Level Code and Name</th>
<th>Date of Last Internal Review (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>140901</td>
<td>13) Doctoral</td>
<td>10/15/09</td>
</tr>
</tbody>
</table>

Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.
**Missouri Department of Higher Education**  
**EXISTING ACADEMIC PROGRAM REVIEW**  
**REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS**

### Form 24

<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
<th>Degree Designation (e.g. AA, BS, MA, PhD, etc.)</th>
<th>Date of Original Program Approval (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geological Engineering</td>
<td>Ph.D.</td>
<td>01/01/65</td>
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</table>

<table>
<thead>
<tr>
<th>CIP Code(s) (#####), no decimal</th>
<th>Degree Level Code and Name</th>
<th>Date of Last Internal Review (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>143901</td>
<td>13) Doctoral</td>
<td>10/15/09</td>
</tr>
</tbody>
</table>

**CHECK ANY OF THE FOLLOWING TO DESCRIBE ACTION(S) THE INSTITUTION WILL TAKE CONCERNING THIS PROGRAM AND ATTACH REQUIRED DOCUMENTATION (X all that apply)**

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- Program meets a unique need in the region, state, or nation (provide justification)
- Joint/consortium program in which combined number of graduates meets productivity standards (provide copy of consortium agreement and enrollments in other programs)
- Other (e.g., development plan to increase completion rate with specific date for results; revenue-producing program; potential for collaborative program; program being put on inactive status; master’s program in same discipline as a PhD with sufficient graduates, etc.)

# of additional documents attached: (Use convention: initials_cipcode_deglevcode_doc#; e.g. S&T_140901_13_1)

Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.
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Joint/consortium program in which combined number of graduates meets productivity standards (provide copy of consortium agreement and enrollments in other programs)

Other (e.g., development plan to increase completion rate with specific date for results; revenue-producing program; potential for collaborative program: program being put on inactive status; master’s program in same discipline as a PhD with sufficient graduates, etc.)

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Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.

Form 25

Program Inventory Name(s) | Degree Designation (e.g. AA, BS, MA, PhD, etc.) | Date of Original Program Approval (MM/DD/YY)
--- | --- | ---
Mining Engineering | Ph.D. | 01/01/51

CIP Code(s) (#####, no decimal) | Degree Level Code and Name | Date of Last Internal Review (MM/DD/YY)
--- | --- | ---
142101 | 13) Doctoral | 10/15/09
Form 26

**Program Inventory Name(s)**
Nuclear Engineering

**Degree Designation (e.g. AA, BS, MA, PhD, etc.)**
Ph.D.

**Date of Original Program Approval (MM/DD/YY)**
01/01/65

**CIP Code(s) (###, no decimal)**
142301

**Degree Level Code and Name**
13) Doctoral

**Date of Last Internal Review (MM/DD/YY)**
10/15/09

**X** Program is critical to mission and will be retained (provide supporting documentation)

**Program contains courses that support general education and/or other programs** (provide documentation to show how the low-productivity program supports other programs)

**Interdisciplinary program** (provide evidence of percentage of the required courses in the curriculum that are unique to program)

**Program shares a substantial number of courses and faculty with other similar programs** (provide CIP codes for other programs and evidence of shared resources)

**Student or employer demand, or demand for intellectual property is high and external funding will be jeopardized by program closure** (provide evidence and cite sources of demand or funding)

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Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.
## Program Inventory Name(s)

Mathematics

### Degree Designation (e.g. AA, BS, MA, PhD, etc.)

Ph.D.

### Date of Original Program Approval (MM/DD/YY)

01/01/70

---

**Form 27**

**Program Inventory Name(s)**

Mathematics

**Degree Designation (e.g. AA, BS, MA, PhD, etc.)**

Ph.D.

**Date of Original Program Approval (MM/DD/YY)**

01/01/70

**CIP Code(s) (#####, no decimal)**

270101

**Degree Level Code and Name**

13) Doctoral

**Date of Last Internal Review (MM/DD/YY)**

10/15/10
**Form 28**

<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
<th>Degree Designation (e.g. AA, BS, MA, PhD, etc.)</th>
<th>Date of Original Program Approval (MM/DD/YY)</th>
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<tbody>
<tr>
<td>Geology &amp; Geophysics</td>
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<tr>
<th>CIP Code(s) (######, no decimal)</th>
<th>Degree Level Code and Name</th>
<th>Date of Last Internal Review (MM/DD/YY)</th>
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<tr>
<td>400699</td>
<td>13) Doctoral</td>
<td>10/15/09</td>
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</table>

**CHECK ANY OF THE FOLLOWING TO DESCRIBE ACTION(S) THE INSTITUTION WILL TAKE CONCERNING THIS PROGRAM AND ATTACH REQUIRED DOCUMENTATION (X all that apply)**

- Program has been or will be voluntarily terminated (submit copy of MDHE program deletion form or other official documentation that program elimination is in process)
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1 # of additional documents attached: (Use convention: initials_cipcode_deglevelcode_doc#; e.g. S&T_270101_13_1)

Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.
# EXISTING ACADEMIC PROGRAM REVIEW

**REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS**

**Form 29**

<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
<th>Degree Designation (e.g. AA, BS, MA, PhD, etc.)</th>
<th>Date of Original Program Approval (MM/DD/YY)</th>
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<tbody>
<tr>
<td>Physics (coop with UMSL)</td>
<td>Ph.D.</td>
<td>01/01/70</td>
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<th>CIP Code(s) (##### no decimal)</th>
<th>Degree Level Code and Name</th>
<th>Date of Last Internal Review (MM/DD/YY)</th>
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<tr>
<td>400801</td>
<td>13) Doctoral</td>
<td>10/15/09</td>
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- # of additional documents attached: (Use convention: initials_cipcode_deglevcode_doc#; e.g. S&T_400699_13_1)

Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.
### REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS

**Program Inventory Name(s)**  
**Degree Designation** (e.g. AA, BS, MA, PhD, etc.)  
**Date of Original Program Approval** (MM/DD/YY)  
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**Date of Last Internal Review** (MM/DD/YY)

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**Form 30**

<table>
<thead>
<tr>
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<th>Date of Original Program Approval (MM/DD/YY)</th>
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<tr>
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<tbody>
<tr>
<td>Please Select from:</td>
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</table>
## Existing Academic Program Review

### Request for Productivity Information and Justifications

**Form 31**

<table>
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**# of additional documents attached:** (Use convention: initials_cipcode_deglevcode_doc#; e.g. S&T_10102_Pl_1)

Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.
# Missouri Department of Higher Education
## EXISTING ACADEMIC PROGRAM REVIEW
### REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS

**Form 32**

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<tr>
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Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.
**Form 33**

**Program Inventory Name(s)***

**Degree Designation (e.g. AA, BS, MA, PhD, etc.)***

**Date of Original Program Approval (MM/DD/YY)***

**CIP Code(s) (#####; no decimal)***

**Degree Level Code and Name***

**Date of Last Internal Review (MM/DD/YY)***

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**CHECK ANY OF THE FOLLOWING TO DESCRIBE ACTION(S) THE INSTITUTION WILL TAKE CONCERNING THIS PROGRAM AND ATTACH REQUIRED DOCUMENTATION (X all that apply)**

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Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.
### Form 34

<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
<th>Degree Designation (e.g. AA, BS, MA, PhD, etc.)</th>
<th>Date of Original Program Approval (MM/DD/YY)</th>
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<tr>
<th>CIP Code(s) (##### no decimal)</th>
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</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Check any of the following to describe action(s) the institution will take concerning this program and attach required documentation (X all that apply):**

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| Form 35 |
|-----------------|-----------------|-----------------|
| **Program Inventory Name(s)** | **Degree Designation (e.g. AA, BS, MA, PhD, etc.)** | **Date of Original Program Approval (MM/DD/YY)** |
| **CIP Code(s) (#####, no decimal)** | **Degree Level Code and Name** | **Date of Last Internal Review (MM/DD/YY)** |

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**Missouri Department of Higher Education**  
**EXISTING ACADEMIC PROGRAM REVIEW**  
**REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS**

### Form 36

<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
<th>Degree Designation (e.g. AA, BS, MA, PhD, etc.)</th>
<th>Date of Original Program Approval (MM/DD/YY)</th>
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Please Select from:

- [ ] Program has been or will be voluntarily terminated
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## Form 37

**Program Inventory Name(s)**

**Degree Designation (e.g. AA, BS, MA, PhD, etc.)**

**Date of Original Program Approval (MM/DD/YY)**

**CIP Code(s) (#######, no decimal)**

**Degree Level Code and Name**

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Missouri Department of Higher Education
EXISTING ACADEMIC PROGRAM REVIEW
REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS

Form 38

Program Inventory Name(s)  Degree Designation (e.g. AA, BS, MA, PhD, etc.)  Date of Original Program Approval (MM/DD/YY)

CIP Code(s)  (#######, no decimal)  Degree Level Code and Name  Date of Last Internal Review (MM/DD/YY)

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Form 39

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# Form 44

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Missouri Department of Higher Education
EXISTING ACADEMIC PROGRAM REVIEW
REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS
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Missouri Department of Higher Education  
EXISTING ACADEMIC PROGRAM REVIEW  
REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS

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Form 56

Program Inventory Name(s)  Degree Designation (e.g. AA, BS, MA, PhD, etc.)  Date of Original Program Approval (MM/DD/YY)

CIP Code(s) (#####.##, no decimal)  Degree Level Code and Name  Date of Last Internal Review (MM/DD/YY)
Missouri Department of Higher Education
EXISTING ACADEMIC PROGRAM REVIEW
REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS

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**Missouri Department of Higher Education**  
**EXISTING ACADEMIC PROGRAM REVIEW**  
**REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS**

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Complete the forms in the appropriate order as specified.
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- Joint/consortium program in which combined number of graduates meets productivity standards (provide copy of consortium agreement and enrollments in other programs)
- Other (e.g., development plan to increase completion rate with specific date for results; revenue-producing program; potential for collaborative program: program being put on inactive status; master’s program in same discipline as a PhD with sufficient graduates, etc.)

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Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.

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**Form 68**

<table>
<thead>
<tr>
<th>Program Inventory Name(s)</th>
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### Existing Academic Program Review

**Form 69**

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**Check Any of the Following to Describe Action(s) the Institution Will Take Concerning This Program and Attach Required Documentation (X all that apply)**

- **Program has been or will be voluntarily terminated**
  (submit copy of MDHE program deletion form or other official documentation that program elimination is in process)

- **MDHE data are inaccurate; program meets criteria/standards for productivity**
  (document discrepancy in data and identify source)

- **New program approved within the past five years and is exempt from program review process**
  (provide documentation with program initiation date)

- **Program is critical to mission and will be retained**
  (provide supporting documentation)

- **Program contains courses that support general education and/or other programs**
  (provide documentation to show how the low-productivity program supports other programs)

- **Interdisciplinary program**
  (provide evidence of percentage of the required courses in the curriculum that are unique to program)

- **Program shares a substantial number of courses and faculty with other similar programs**
  (provide CIP codes for other programs and evidence of shared resources)

- **Student or employer demand, or demand for intellectual property is high and external funding will be jeopardized by program closure**
  (provide evidence and cite sources of demand or funding)

- **Program provides unique access to an underserved population or geographical area**
  (provide justification)

- **Program meets a unique need in the region, state, or nation**
  (provide justification)

- **Joint/consortium program in which combined number of graduates meets productivity standards**
  (provide copy of consortium agreement and enrollments in other programs)

- **Other**
  (e.g., development plan to increase completion rate with specific date for results; revenue-producing program; potential for collaborative program: program being put on inactive status; master’s program in same discipline as a PhD with sufficient graduates, etc.)


**# of additional documents attached:**
(Use convention: initials_cipcode_deglevcode_doc#; e.g. S&T_10102_Pl_1)

Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.
# Missouri Department of Higher Education
## EXISTING ACADEMIC PROGRAM REVIEW
### REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS

**Form 70**

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Please Select from:  
- Interdisciplinary program (provide evidence of percentage of the required courses in the curriculum that are unique to program)
- Program shares a substantial number of courses and faculty with other similar programs (provide CIP codes for other programs and evidence of shared resources)
- Student or employer demand, or demand for intellectual property is high and external funding will be jeopardized by program closure (provide evidence and cite sources of demand or funding)
- Program provides unique access to an underserved population or geographical area (provide justification)
- Program meets a unique need in the region, state, or nation (provide justification)
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## Missouri Department of Higher Education
### EXISTING ACADEMIC PROGRAM REVIEW
#### REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS

**Form 71**

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**CHECK ANY OF THE FOLLOWING TO DESCRIBE ACTION(S) THE INSTITUTION WILL TAKE CONCERNING THIS PROGRAM AND ATTACH REQUIRED DOCUMENTATION (X all that apply)**

- Program has been or will be voluntarily terminated (submit copy of MDHE program deletion form or other official documentation that program elimination is in process)
- MDHE data are inaccurate; program meets criteria/standards for productivity (document discrepancy in data and identify source)
- New program approved within the past five years and is exempt from program review process (provide documentation with program initiation date)
- Program is critical to mission and will be retained (provide supporting documentation)
- Program contains courses that support general education and/or other programs (provide documentation to show how the low-productivity program supports other programs)
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Form 72

Program Inventory Name(s)

Degree Designation (e.g. AA, BS, MA, PhD, etc.)

Date of Original Program Approval (MM/DD/YY)

CIP Code(s) (#####, no decimal)

Degree Level Code and Name

Date of Last Internal Review (MM/DD/YY)
Please Select from:                  ↓

Joint/consortium program in which combined number of graduates meets productivity
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Other (e.g., development plan to increase completion rate with specific date for results; revenue-producing program; potential for collaborative program: program being put on inactive status; master’s program in same discipline as a PhD with sufficient graduates, etc.)

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Form 74

Program Inventory Name(s)  

Degree Designation (e.g. AA, BS, MA, PhD, etc.)  

Date of Original Program Approval (MM/DD/YY)  

CIP Code(s) (##### no decimal)  

Degree Level Code and Name  

Date of Last Internal Review (MM/DD/YY)  

Please Select from:  ↓  

Please Select from:  ↓
| Form 75 |
|-----------------|-----------------|-----------------|
| **Program Inventory Name(s)** | **Degree Designation (e.g. AA, BS, MA, PhD, etc.)** | **Date of Original Program Approval (MM/DD/YY)** |
| **CIP Code(s) (#####, no decimal)** | **Degree Level Code and Name** | **Date of Last Internal Review (MM/DD/YY)** |

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Use separate attachment if necessary.
### Form 76

**Program Inventory Name(s)**

**Degree Designation (e.g. AA, BS, MA, PhD, etc.)**

**Date of Original Program Approval (MM/DD/YY)**

**CIP Code(s) (####, no decimal)**

**Degree Level Code and Name**

**Date of Last Internal Review (MM/DD/YY)**

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**Missouri Department of Higher Education**

**EXISTING ACADEMIC PROGRAM REVIEW**

**REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS**

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### Form 77

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**Missouri Department of Higher Education**  
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### Form 79

**Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.**

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78
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Form 80

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## Request for Productivity Information and Justifications

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**Date of Original Program Approval** (MM/DD/YY)

**CIP Code(s)** (#####, no decimal)

**Degree Level Code and Name**

**Date of Last Internal Review** (MM/DD/YY)

Please Select from: 📅

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**Form 81**

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Form 85

Program Inventory Name(s)

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**# of additional documents attached:** (Use convention: initials_cipcode_deglevcode_doc#: e.g. S&T_10102_Pl_1)

Provide sufficient context and describe pertinent factors and other special considerations as needed to justify the proposed action. Use separate attachment if necessary.

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93
**Missouri Department of Higher Education**

**EXISTING ACADEMIC PROGRAM REVIEW**

**REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS**

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### Form 95

**Program Inventory Name(s)**

**Degree Designation** (e.g. AA, BS, MA, PhD, etc.)

**Date of Original Program Approval** (MM/DD/YY)

**CIP Code(s)** (#####, no decimal)

**Degree Level Code and Name**

**Date of Last Internal Review** (MM/DD/YY)

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Form 96

Program Inventory Name(s)  Degree Designation (e.g. AA, BS, MA, PhD, etc.)  Date of Original Program Approval (MM/DD/YY)

CIP Code(s) (########, no decimal)  Degree Level Code and Name  Date of Last Internal Review (MM/DD/YY)
Request for Productivity Information and Justifications

**Form 97**

<table>
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Program shares a substantial number of courses and faculty with other similar programs (provide CIP codes for other programs and evidence of shared resources)

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Form 100

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Form 101

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Form 102

Program Inventory Name(s)  

Degree Designation (e.g. AA, BS, MA, PhD, etc.)  

Date of Original Program Approval (MM/DD/YY)

CIP Code(s) (#####, no decimal)  

Degree Level Code and Name  

Date of Last Internal Review (MM/DD/YY)
**Missouri Department of Higher Education**  
**EXISTING ACADEMIC PROGRAM REVIEW**  
**REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS**

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## Request for Productivity Information and Justifications

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- Other

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Form 105

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CIP Code(s) (#######, no decimal)  Degree Level Code and Name  Date of Last Internal Review (MM/DD/YY)

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# Request for Productivity Information and Justifications

**Form 112**

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We intend to do paperwork to terminate.
### Form 122

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Missouri Department of Higher Education
EXISTING ACADEMIC PROGRAM REVIEW
REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS

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## Missouri Department of Higher Education
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#### REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS

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Form 131

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Date of Original Program Approval (MM/DD/YY)

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Degree Level Code and Name

Date of Last Internal Review (MM/DD/YY)
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# Request for Productivity Information and Justifications

## Form 136

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Missouri Department of Higher Education
EXISTING ACADEMIC PROGRAM REVIEW
REQUEST FOR PRODUCTIVITY INFORMATION AND JUSTIFICATIONS

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Missouri Department of Higher Education
EXISTING ACADEMIC PROGRAM REVIEW
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