

USF INTERNAL CURRICULUM TERMINATION FORM

Major
 Concentration

Minor
 Certificate

NAME OF MAJOR, CONCENTRATION, MINOR OR CERTIFICATE:

Diasporas and Health Studies _____

LEVEL(S) (UG, GR): ~~UG~~ ^{Graduate Cert.} _____ **DEGREE TYPE** (B.S., M.A., etc.): NA _____

ANTICIPATED TERMINATION TERM: Spring 2017 _____
(First term when no new students will be accepted into the program)

ANTICIPATED PHASE-OUT TERM: calendar year 2017 _____
(First term when no student data will be reported for this program)

1. Provide a narrative rationale for the request to terminate the curriculum.

Little to no student interest. No students enrolled over the past two years
Faculty wish to put their efforts elsewhere

2. Indicate on which campus(es) the curriculum is being offered and the extent to which the proposed termination has had or will have an impact on enrollment, enrollment planning, and/or the reallocation of resources.

Tampa

3. Explain how the University intends to accommodate any students or faculty who are currently active in the curriculum scheduled to be terminated. State what steps have been taken to inform students and faculty of the intent to terminate the curriculum. Please provide the date when the teach-out plan was submitted to SACSCOC, if applicable.

No students in program so none needed

4. Explain how the University intends to accommodate any students or faculty who are currently active in the program scheduled to be terminated. State

what steps have been taken to inform students and faculty of the intent to terminate the program. Please provide the date when the teach-out plan was submitted to SACSCOC, if applicable.

5.
No teach out plan necessary---no students

6. Provide data (and cite sources) on the gender and racial distribution of students in and faculty affiliated with the program. For faculty, also list the rank and tenure status of all affected individuals.

No Students and one white faculty member

College of Arts and Sciences _____
Name of College

School of Interdisciplinary Studies _____
Name of Department

_ Steven Roach _____
Print Name of Requestor/Initiator

_ see e-mail attached _____

Signature of Requestor/Initiator _____ 11/15/18 _____
Date

Robert Potter _____
Print Name of College Dean

 _____ 11/13/18 _____
Signature of College Dean Date

Print Name of University Council
Representative

Signature of University Council
Representative

Date

Potter, Robert

From: Roach, Steven
Sent: Tuesday, November 13, 2018 8:10 AM
To: Potter, Robert
Cc: Tauber, Steven; Stiffler, Jamee; Babb, Codi; Boyette, Linda; Combie, Christopher; Cleveland-Roberts, Allison
Subject: Graduate Certificates

Dear Bob:

I hope you're well. I wanted to start the formal process of canceling two of the graduate certificates currently being offered at SIGS. These include:

- Globalization Studies
- Diasporas and Health Studies.

The Graduate Committee at SIGS unanimously approved the cancelation of these two certificate programs, and the rest of the SIGS faculty agreed with its decision, given their low enrollment over the past five years. We are also considering cancelling two other graduate certificates, but I will need to get back with you on this toward the end of the Spring Semester 2019.

All the best,

Steve

Steven C. Roach, Ph.D
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