Motion to Eliminate the HASA (Health and Aging Services Administration) Certificate

For consideration by:

Management and Marketing Department Curriculum Committee
College of Business Curriculum Committee
University Senate Academic Policies Committee (APC)
Provost

Motion: Eliminate the HASA (Health and Aging Services Administration) certificate (660602)

Background/Rationale:
The certificate was removed from the 2011-2012 catalog per instructions from associate dean Bob Sutton. The certificate has not subsequently appeared in any university catalog, and due to resource limitations there are no plans to offer it in the foreseeable future. We do not have the financial resources to justify offering this certificate vis-à-vis enrollment levels.

A request was sent from the registrar’s office to officially eliminate or suspend the certificate. Per FASRP regulations, eliminating a certificate requires approval of the department curriculum committee, the college curriculum committee, the university senate academic policies committee (APC), and the provost, while providing “information only” notification to the university senate and full university faculty via News Bureau publication. (The UWEC Certificate Master form, attached, does not have a box to check to suspend a certificate.)

Implications/Considerations:

- If the motion is approved, the certificate in question will continue to not appear in the catalog.
- If the motion is not approved, the certificate in question will continue to not appear in the catalog. (Failing to approve the motion will not cause the certificate to become operational.)
- The requested series of approvals will provide paperwork for record keeping in the Registrar’s office.

Approvals:
Department Curriculum Committee: ____________________________ Date

College Curriculum Committee: ____________________________ Date

Academic Policies Committee: ____________________________ Date

Associate Vice Chancellor: ____________________________ Date
(also sign attached form)

Vice Chancellor/Provost: ____________________________ Date
(also sign attached form)