Missouri Department of Higher Education
INSTITUTIONAL RESPONSE TO PRELIMINARY
PROGRAM PRODUCTIVITY REVIEW AND REQUEST FOR EXEMPTIONS

1. Institution Name: ____________________________________________________________

2. Admissions Selectivity Category: _____________________________________________

3. Program Title: ______________________________________________________________

4. CIP Code: __________________________________________________________________

5. Degree Designation (e.g. AA, BS, MA, MBA, MD, EdD, PhD): ____________________

6. Date of Original Program Approval: __________________________________________

7. Date of Last Review: _______________________________________________________ 

8. CHECK ONE OF THE FOLLOWING TO DESCRIBE ACTION THE INSTITUTION WILL TAKE CONCERNING THIS PROGRAM AND ATTACH REQUIRED DOCUMENTATION:

   ___ 1) Program has or will be voluntarily terminated (submit copy of MDHE program deletion form).

   ___ 2) MDHE data are inaccurate; program meets criteria/standards for productivity (document discrepancy in data and identify source).

   ___ 3) New program approved within the past three years and is except from program review process (provide documentation with program initiation date).

   ___ 4) Program is critical to mission and will be retained (provide supporting documentation).

   ___ 5) Program contains courses that support other programs offered by the institution (provide documentation to show how the program supports other programs).

9. Please use this space to provide sufficient context justification and description of pertinent factors, and other special considerations as appropriate.

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