

## Board of Regents Program Action Request Proposal to Discontinue a Program of Study University of Alaska

1a. UA University	1b. School or College	1b. School or College		
UAA		College of Health		
2. Complete Program Title:		Dental Hygiene (AAS)		
3. Type of Program:				
Undergraduate Certificate	Associate X	Baccalaureate		
Master's	Doctorate	Post-Baccalaureate Certificate		
4. Type of Action:	X Discontinue			
Implementation Semester:	Fall	Year: 2020		
5. Other programs affected by Program Affected N/A	y the proposed action, includir	ng those at other campuses (please list): Anticipated Effect N/A		
Page number of attached sum	mary where effects on other pr	rograms are discussed:		
6. Specialized accreditation or other external program certification needed or anticipated. List all that apply or 'none':		7. Aligns with University or campus mission, goals, core themes, and objectives (list):		
None		Discontinuation of programs to assure best use of limited		
		resources, and alignment of programs	s with state needs	
8. Teachout Plan (attached)	N/A			
Submitted by:	Chancellor/Provost	Date:		
Consensus support of AC	X Not supported by AC			
Recommend approval by VPAS	1 1	Date:	Se ebe 23, 2020	
Recommend disapproval by VI Updated January 2020	PASR	Date:		
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