OUTLINE FOR DEACTIVATION OR TERMINATION
OF A GRADUATE OR UNDERGRADUATE DEGREE PROGRAM

I. Basic Information

1. Institution ___ University of Georgia ___ Date ___01/20/2016___
2. School/College ___ Arts & Sciences ___
3. Department/Division ___ Psychology ___
4. Program
   Degree ___ PhD - Psychology ___
   Major ___ Life-Span Developmental Psychology ___
5. Deactivation ___________________ or Termination ___ X ___
6. Last date students will be admitted to this program ___ N/A ___ – see below
7. Last date students will graduate from this program ___ N/A ___ – see below
8. Abstract of the deactivated or terminated program
   Provide a brief summary of the deactivated or terminated program that includes an overview and highlights of the response to the criteria in Section II.

9. Signatures
   Department Head _____________________ Dean of School/College _____________________ Dean of Graduate School _____________________

II. Conditions for Deactivating or Terminating Programs

The deactivation (temporary suspension) or termination (discontinuation) of programs is expected to address satisfactorily the conditions listed below in order to be approved and implemented within the University of Georgia. Please provide sufficient information to confirm each condition.

1. Provide copies of the studies and decisions that warrant deactivation or termination of the program. ___ N/A ___

2. State the reasons for deactivating or terminating the program. ___ This program was essentially abandoned years ago with faculty losses. Terminating the program will have no material impact. ___

3. State the plans for allowing those students already in a program to complete degree requirements, including specific information on a.) how students will be notified of the program termination and b.) how students will be counseled on completing the program. ___ There are no current students in this program, therefore no students will be graduating from this program. ___

4. What will be done to minimize the impact or termination of the program upon the personal and professional lives of the faculty and staff involved, specifically a.) how will faculty and staff be notified of the termination and b.) how will faculty and staff be re-deployed? ___ N/A. There are no faculty affiliated with this program. ___

5. What will be done to insure that deactivation or termination of the program does not weaken other programs (graduate, undergraduate, or professional) for which the department may be responsible? ___ N/A. This program has not existed in years.
6. What plans, if any, is there for subsequent reactivation or reinstatement, respectively, of the deactivated or terminated program?

There are no plans to reactivate or reinstate this program.