PROPOSAL FOR CHANGES IN PROGRAM

_____ Undergraduate   _X_ Masters   ___Doctorate   ___Certificate

Program Code: MA 5129
Program Name: Theater History and Criticism
Contact name and email for this proposal: Brian Evans evansb1@ohio.edu

Brief (< 250 word) Summary of Proposed Changes and Rationale:
[Note any impact on total program hours, any impact on resource requirements or faculty, and identify patron departments (departments affected by the change) to be included in the approval queue]

We would like to place this program on Inactive status. Due to cuts in faculty, we have not been able to offer this degree for 5 years. We are hopeful that we can offer it in the future, so we would not like to Phase Out the program. There are currently no students enrolled in the program.

Detailed Description of Proposed Changes and Rationale (for changes that require additional explanation):