Code # AG01

**Program and/or Course Deletion Proposal-Bulletin Change Transmittal Form**

[x]  **Undergraduate Curriculum Council** - Print 1 copy for signatures and save 1 electronic copy.

[ ]  **Graduate Council** - Print 1 copy for signatures and send 1 electronic copy to mmcginnis@astate.edu

|  |
| --- |
| **Program and/or Course Deletion** Please complete the following and attach a copy of the catalogue page(s) showing what changes are necessary. |

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**COPE Chair (if applicable)** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Department Chair:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**General Education Committee Chair (If applicable)**   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Undergraduate Curriculum Council Chair** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**College Dean** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Graduate Curriculum Committee Chair** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Vice Chancellor for Academic Affairs** |

**1. Program and/or Course Title, Prefix and Number**

Associates of Applied Science – Food Technology

**2. Contact Person** (Name, Email Address, Phone Number)

Donald Kennedy, dkennedy@astate.edu, x3704

**3. Last semester student can graduate with this degree and/or last semester course will be offered**

fall 2013

**4. Student Population**

a. The program and/or course was initially created for what student population?

Undergraduate

b. How will deletion of this program and/or course affect those students?

The last student in the program is graduating fall 2013.

**5.**

**a. How will this affect the department?**

This was not a viable program so it will not affect the department.

**b. Does this program and/or course affect another department?**  no

**c. If yes, please provide contact information from the Dean, Department Head, and/ or Program Director whose area this affects.**

na

**6. (For courses only) Will another course be substituted?**  no

**If yes, what course?**

na

**From the most current electronic version of the bulletin, copy all bulletin pages that this proposal affects and paste it to the end of this proposal.**

**To copy from the bulletin:**

1. Minimize this form.
2. Go to <http://registrar.astate.edu/bulletin.htm> and choose either undergraduate or graduate.
3. This will take you to a list of the bulletins by year, please open the most current bulletin.
4. Find the page(s) you wish to copy, click on the “select” button and highlight the pages you want to copy.
5. Right-click on the highlighted area.
6. Click on “copy”.
7. Minimize the bulletin and maximize this page.
8. Right-click immediately below this area and choose “paste”.
9. For additions to the bulletin, please change font color and make the font size larger than the surrounding text. Make it noticeable.
10. For deletions, strike through the text, change the font color, and enlarge the font size. Make it noticeable.

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~~ASSOCIATE OF APPLIED SCIENCE IN FOOD TECHNOLOGY~~

~~The Associate of Science degree with a major in Technology will allow the student to meet the~~

~~general education requirements, the degree preconditions, and utilize the opportunities to exercise work~~

~~experience or prior education that may contribute to this degree option.~~

~~The program allows students to participate in a two-year program to meet the needs of industry~~

~~while preserving the option of earning a baccalaureate degree in the future. It permits industry to meet~~

~~its educational and training requirements when a four-year degree is not warranted.~~

~~The student must complete a minimum of 62 credit-hours of work and must adhere to all policies~~

~~established by the university. Flexibility is provided through counseling and the review of prior experience~~

~~which may be substituted for formal college credit.~~

~~The Associate of Science-Technology is accredited by The Higher Learning Commission.~~

~~Major in Food Technology~~

~~Associate of Applied Science~~

~~University Requirements:~~

~~See University General Requirements for Associate degrees (p. 40)~~

~~General Education Requirements:~~

~~Sem. Hrs.~~

~~See General Education Curriculum for Associate of Applied Science Degrees (p. 83)~~

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~~Major Requirements:~~

~~Sem. Hrs.~~

~~FDST 2203, Introduction to Food Science~~

~~3~~

~~FDST 2213, Food Chemistry~~

~~3~~

~~FDST 2223, Principles of Food Processing~~

~~3~~

~~FDST 2503, Food Safety and Sanitation~~

~~3~~

~~FDST 3203, Food Quality Assurance~~

~~3~~

~~FDST 330V, Practicum~~

~~1-3~~

~~Sub-total~~

~~16-18~~

~~Required Support Courses:~~

~~Sem. Hrs.~~

~~AGRI 3233 Agriculture Statistics~~

~~3~~

~~BIO 2103~~

~~AND~~

~~2101, Microbiology and Laboratory~~

~~4~~

~~BCOM 2563, Business Communication~~

~~3~~

~~CHEM 1013~~

~~AND~~

~~1011, General Chemistry I and Laboratory~~

~~4~~

~~ECON 2313, Principles of Macroeconomics~~

~~3~~

~~MGMT 3123, Principles of Management~~

~~3~~

~~NS 2203, Basic Human Nutrition~~

~~3~~

~~Sub-total~~

~~23~~

~~Electives:~~

~~Sem. Hrs.~~

~~Electives~~

~~9-11~~

~~Total Require hours~~

~~69~~

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Associate of Applied Science (A.A.S.)

Clinical Laboratory Science

\*Crime Scene Investigation

Disaster Preparedness/Emergency Mgmt.

~~Food Technology~~

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