



Board of Regents Program Action Request  
 University of Alaska  
 Proposal to Add, Change, or Discontinue

College community campus)

2 Complete Program Title: Small Business Management

Program Title	Request	Effective Date	Requesting Department	Requesting Department Head	Requesting Department Head Title	Requesting Department Head Email	Requesting Department Head Phone	Requesting Department Head Fax	Requesting Department Head Address	Requesting Department Head City	Requesting Department Head State	Requesting Department Head Zip
Small Business Management	Discontinue	08/01/2017	College of Business Administration	Dr. [Name]	Associate Professor	[Email]	[Phone]	[Fax]	[Address]	[City]	[State]	[Zip]

Requesting Department Head: [Name], [Title], [Email], [Phone], [Fax], [Address], [City], [State], [Zip]

Requesting Department Head: [Name], [Title], [Email], [Phone], [Fax], [Address], [City], [State], [Zip]

Requesting Department Head: [Name], [Title], [Email], [Phone], [Fax], [Address], [City], [State], [Zip]

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Requesting Department Head: [Name], [Title], [Email], [Phone], [Fax], [Address], [City], [State], [Zip]





December 12, 2011

Statewide Academic Council, University of Alaska

Enclosed are the Undergraduate Management Undergraduate Certificate. Also attached is the UAA letter.

Thank you for your assistance in this matter. If you have any questions, please contact me at [redacted].





