



Board of Governors, State University System of Florida  
**Limited Access Status for an Academic Program Request Form**

In Accordance with BOG Regulations

6.001 – General Admissions and 8.013 - Limited Access

**INSTITUTION:** \_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_

**CIP CODE:** \_\_\_\_\_  
(Classification of Instructional Programs)

1. Will the entire degree program be limited access or only a specific major or track?
2. If only one major or track is limited access, please specify the name of the major or track:

3. Please specify:

The total number of new students anticipated to enroll in the program each  
academic year \_\_\_\_\_

The total number of students anticipated to enroll in the program each academic  
year \_\_\_\_\_

4. When do you propose to initiate limited access? (please specify the effective term and  
year) \_\_\_\_\_
5. What is the justification for limiting access?

6. By what means will access be limited? Please provide a description of the program's admissions requirements and procedures. Additionally, please indicate how these requirements and procedures ensure equal access for Florida College System Associate of Arts degree graduates in competing for available space in the program.
  
  
  
  
  
  
  
  
  
  
7. Present the current race and gender profiles of the students in the program. Discuss the impact of the proposed action on the race and gender profiles and cite sources used to inform the discussion. What strategies, should they be necessary, will be used to promote diversity in the program?
  
  
  
  
  
  
  
  
  
  
8. Are the graduates of the program in high demand? If so, and if the program is to be limited due to lack of adequate resources, provide a justification for limiting access to the program rather than reallocating resources from programs with low market demand.
  
  
  
  
  
  
  
  
  
  
9. Provide the institution's plan and timeline for phasing out limited access.

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## Required Signatures

\_\_\_\_\_  
Requestor/Initiator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Campus EO Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of College Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provost

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chair of the  
Board of Trustees

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Approved by the Board of Trustees