



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

☐ **B.A.**

☐ **B.S.**

(Classification of Instructional Programs)

**1. The limited access status was approved because (check all that apply):**

- ☐ **limited availability of resources**
- ☐ **minimum skills for access into a fine or performing arts program**
- ☐ **minimum grade point average**
- ☐ **accreditation requirements**
- ☐ **other (please specify):** \_\_\_\_\_

**2. When do you propose to implement the removal of limited access?**

**3. What is the justification for removing the limited access status?**

**4. If the program was approved for limited access because of accreditation requirements and/or minimum skills requirements, please explain how these requirements have changed or will be addressed.**

**5. If the removal of limited access is requested for only one track within a program, please specify the name of the track.**

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**Required Signatures**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date