



## Curricular Change Form

### Motion to Add or Delete a Program

Please consult instructions for submitting curricular proposals located [here](#).

The proposed change would:

At which level does the program exist?

The proposed change concerns:

**Name of Motion:** Eliminate the Speech-Language Pathology Assistant certificate program

**Department:**

#### **MOTION**

**It is moved that:**

The Speech-Language Pathology Assistant certificate be eliminated.

**Proposed term of implementation:**

**Rationale (200 words or less):**

The Speech-Language Pathology Assistant (SLPA) certificate program was intended to meet the needs of people who do not have an undergraduate degree in speech-language pathology but want to be certified as an SLPA by the State of Missouri Board of Healing Art. The State has specified courses in language development and speech-language pathology that need to be completed before a person can be an SLPA. In 2014 the FBU program was launched as a blended program, but no students completed an application because they could not come to campus for coursework. In 2016 the Fontbonne SLPA certificate program went fully online, but there has been very little interest because applicants want to take only a few of the classes on demand and not the entire certificate program. Clearly, this program is not viable as it now exists as a 21-credit certificate. Therefore, we propose to eliminate the program from the University catalog and from the University website.

**Does this change affect other departments/colleges?**

**If yes, describe how those departments/colleges were consulted.**

[Click here to enter text.](#)

**DELETED Program Only: Please describe the effect on current enrolled students:**

There are no students enrolled in the SLPA certificate program.

**New Program Information**

**Program Title:** [Click here to enter text.](#)

**New Program Objectives/Outcomes:**

[Click here to enter text.](#)

**New Program Description for Catalog:**

[Click here to enter text.](#)

**Provide a rationale for proposing this new program (market demand, societal need, etc.)**

[Click here to enter text.](#)

**Projected Enrollment:**

**Year 1:** [Click here to enter text.](#)

**Year 2:** [Click here to enter text.](#)

**Year 3:** [Click here to enter text.](#)

**Year 4:** [Click here to enter text.](#)

**Year 5:** [Click here to enter text.](#)

**New Resources Required**

**Faculty:** [Click here to enter text.](#)

**Facilities:** [Click here to enter text.](#)

**New Library Holdings:** [Click here to enter text.](#)

**Equipment:** [Click here to enter text.](#)

**Audio-visual/Software:** [Click here to enter text.](#)

**Sign forms electronically by entering your Fontbonne email address and name on the signature line.**

**Submitted By:** Carmen Russell crussell@fontbonne.edu   
**Signature of Department Chair** **Date**

**Department Chair Comments:** [Click here to enter text.](#)

**Reviewed By:** Gale B. Rice grice@fontbonne.edu   
**Signature of College Dean** **Date**

**College Dean Comments:** [Click here to enter text.](#)

**Approved By:** Kelley Barger   
**Signature of Curriculum Committee Chair** **Date**

**Approved By:** [Click here to enter text.](#)   
**Signature of FAC Chair (if FGA Approval Required)** **Date**