IDAHO STATE BOARD OF EDUCATION
ACADEMIC/PROFESSIONAL-TECHNICAL EDUCATION
NOTICE OF INTENT
to initiate a
NEW, EXPANDED, COOPERATIVE, DISCONTINUED, PROGRAM COMPONENT OR OFF-CAMPUS
INSTRUCTIONAL PROGRAM OR ADMINISTRATIVE/RESEARCH UNIT

__University of Idaho__
Institution Submitting Proposal

__College of Science__ / __Division of Statistics__
Name of College, School, or Division Name of Department(s) or Area(s)

Indicate if this NOI is for an Academic _x__ or Professional-Technical _____ Program

A New, Expanded, Cooperative, Contract, or Off-Campus Instructional Program or Administrative/Research Unit (circle one) leading to:

Department of Statistics
(degree or certificate)

Proposed Starting Date: ___Summer 2004___________________________________________

FOR NEW PROGRAMS ONLY

Program (i.e., degree) Title & CIP 2000
(CIP assigned upon receipt of NOI in Provost Office)

☐ Program Component (major/minor/option/emphasis)
☐ Off-Campus Activity/Resident Center
☐ Administrative/Research Unit
☐ Addition/Expansion
☒ Discontinuance/consolidation (Name change)
☐ Contract Program

This Notice of Intent has been approved by:

Earl H. Bennett 5-9-2003
College Dean (Institution) Date

Graduate School Dean (as applicable) Date

Chief Fiscal Officer (Institution) Date

Chief Academic Officer (Institution) Date

President Date

State Administrator, SDPTE Date

SBOE/OSBE Approval Date

NOIfrmrev9/19/02
Before completing this form, refer to the “Board Policy Section III.G. Program Approval and Discontinuance.

1. Briefly describe the nature of the request e.g., is this a new program (degree, program, or certificate) or program component (e.g., new, discontinued, modified, addition to an existing program or option).
   Request to change the name from ‘Division of Statistics’ to ‘Department of Statistics’.

2. Briefly describe how the institution will ensure the quality of the program (e.g., accreditation, professional societies, licensing boards, etc.).
   No change is made to the existing program, just a change of name.

3. Duplication--Is this request unique to the system? If not, briefly describe the rationale for the duplication.
   No duplication is made because the program already exists.

4. Succinct statement of need for program or program modification. Include student and state need, demand, and employment potential. Attach a Scope and Sequence, DPTE Form Attachment B, for professional-technical education requests. (Use additional sheets if necessary.).
   The name change is to provide some consistency with the rest of the units in the new College of Science, and also to reflect changes that have occurred since the Division was formed. When the unit was formed, the name ‘Division’ was selected to reflect the fact that several of the faculty members in the unit had primary appointments elsewhere, but had some of their salary in the Division of Statistics. Over time, the situation has changed to where all faculty in our budget have either full or joint appointments in the Division. Additionally, the name ‘Division’ has created confusion about why we have a different name than other units.

5. Describe how this request is consistent with the State Board of Education's policy or role and mission of the institution. (i.e., centrality).
   The Statistics unit serves a vital role at the University of Idaho. We have a service role in undergraduate instruction, and we are probably unique in having an important service role at the graduate level as well. The requested name change will establish a consistent unit name within the new College of Science.

6. Resources--Faculty/Staff/Space Needs/Capital Outlay. (Use additional sheets if necessary.):
   There is no change in resources, this is only a name change. We will need to change the unit name on our stationery, but we already plan to do this to reflect our new College name.

Estimated Fiscal Impact: FY 04 FY 05 FY 06

A. Source of Funds
   1. Appropriated-reallocation
      __________________________  __________________________  __________________________
   2. Appropriated-new
      __________________________  __________________________  __________________________
   3. Federal
      __________________________  __________________________  __________________________
   4. Other:
      __________________________  __________________________  __________________________

B. Nature of Funds
   1. Recurring *
      __________________________  __________________________  __________________________
   2. Non-recurring**
      __________________________  __________________________  __________________________
   Grand Total
      $0  $0  $0

* Recurring is defined as ongoing operating budget for the program, which will become of the base.
** Non-recurring is defined as one-time funding in a fiscal year and not part of the base.