

PROPOSAL FOR DEACTIVATION OR TERMINATION OF AN ACADEMIC PROGRAM

Date: _____

School/College: _____

Department/Division: _____

Program (Major and Degree): _____

Which campus(es) offer this program? _____

Deactivation or Termination? _____

Proposed Effective Date: _____

Last date students will be admitted to this program: _____

Last date students will graduate from this program: _____

Note: There may be no enrollment in the program as of the termination effective date.

Program Abstract:

Provide a brief summary of the program being proposed for deactivation or termination.

For Deactivated or Terminated Programs:

1. State the reasons for deactivating or terminating the program, and provide copies of any relevant documents.
2. What will be done to minimize the impact of the deactivation or termination of the program upon the personal and professional lives of the faculty and staff involved? Include specific information on: a) how faculty and staff will be notified of the deactivation or termination, and b) how faculty and staff will be reallocated.
3. What will be done to insure that deactivation or termination of the program does not weaken other programs (graduate, undergraduate, or professional) for which the department may be responsible?

For Deactivated Programs:

4. State the plans for allowing students currently enrolled in the program to complete degree requirements, including specific information on: a) how students will be notified of the program deactivation, and b) how students will be advised on completing the program.
5. What plans, if any, are there for subsequent reactivation of the deactivated program?

Approvals:

Department Head

Dean of School/College

Dean of Graduate School

