**PROGRAM DELETION FORM**

**PROVIDE THE INFORMATION ABOUT THE DELETION IN THE ORDER BELOW DO NOT OMIT A SECTION. This requires approval.**

1.**PROPOSED DELETION BRIEF SUMMARY**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2.**CURRENT LISTINGS IN CATALOG (include ALL page numbers where it is presently listed in the catalog):**

3.**RATIONALE (provide explanation and any background for this deletion):**

4. **SACSCOC REQUIREMENTS: Closing a program requires SACSCOC approval. Approval requires a teach-out plan.**

Program closure includes ending a program at all locations or by all methods of delivery, but also includes ending a student’s completion option at a specific location or by a specific method of delivery. Therefore, program closure approval is required if a program closes:

* at a location (on-campus or off-campus instructional site) but continues to be offered at other locations, or
* by a method of delivery but continues to be offered by other methods of delivery.

Program closure is not required for a specialization embedded within a discipline-specific program. Depending on an institution’s terminology, a specialization within a program may be called a minor, concentration, cognate, or other similar term.

Note: Do not submit individually identifiable student information.

1. How many students are currently declaring this program as their major? (Obtain this information from the registrar’s office.)
2. Address each of the following items:
3. Provide the closure date, defined by SACSCOC as the date when students are no longer admitted.
4. Provide a communication plan to inform all affected parties of the closure to include
   1. how each of the following will be informed for the closure:
      1. currently enrolled students,
      2. students with lapsed enrollment (i.e., not currently enrolled but recently enrolled), and
      3. prospective students.
   2. how faculty and staff will be informed, viz., admissions and recruiting / marketing staffs; and
   3. how community or industry partners will be informed. If not applicable, provide an affirmative statement to that effect.
5. If the institution is providing options for students to complete at another institution(s), provide copies of all planned communication from the institution and from the teach-out institution(s) related to the closure. All communication must demonstrate the institutions are making accurate statements about students’ ability to transfer credits to the teach-out institution(s) and disclose tuition, fees, and other costs at the teach-out institution(s).
6. An explanation of how all affected students will be helped to complete their programs of study with minimal disruption or additional costs.
7. An explanation of whether the students subject to the teach-out plan will incur additional charges or other expenses because of the teach-out and, if so, how the students will be notified.
8. Copies of signed teach-out agreements with other institutions, if applicable.
9. A description of how faculty and staff will be redeployed or helped to find new employment.

**APPROVED BY:**

**THE DEPARTMENT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Department Chair Signature*

**THE SCHOOL OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*Dean Signature*

**TEACHER EDUCATION COUNCIL (if required) ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**DEAN COUNCIL ON** *Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**UNIVERSITY FACULTY ON** *Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS**

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*Provost and Vice President Signature*