

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.

- a) How many students are currently declaring this program as their major? (Obtain this information from the registrar's office.)
- b) Address each of the following items:
 - Provide the closure date, defined by SACSCOC as the date when students are no longer admitted.
 - Explain how affected parties – students, faculty, and staff – will be informed of the impending closure.
 - Explain how all affected students will be helped to complete their programs of study with minimal disruption or additional costs.
 - Explain 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.
 - Provide copies of signed teach-out agreements with other institutions, if applicable.
 - Explain how faculty and staff will be redeployed or helped to find new employment.

Note: Do not submit individually identifiable student or faculty information.

APPROVED BY:

THE DEPARTMENT OF _____ *Date* _____

Department Chair Signature & Date

THE SCHOOL OF _____ *Date* _____

Dean Signature & Date

TEACHER EDUCATION COUNCIL (if required) ON _____ *Date* _____

DEAN COUNCIL ON *Date* _____

UNIVERSITY FACULTY ON *Date* _____

PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS _____