

Program Suspension Form

Use this form to request a Program be Suspended for a time or inactivated permanently.

 \*Required Fields

|  |  |  |  |
| --- | --- | --- | --- |
| **Submitted by:**  | Click or tap here to enter text. | **Date:**  | Click to select a date**.** |

|  |  |
| --- | --- |
| **\*Program Title:**  | Click or tap here to enter text. |

**\*Brief description of proposed program suspension:**

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| --- |
| Click or tap here to enter text. |

**\*Reason or rationale for proposed program suspension:**

|  |
| --- |
| Click or tap here to enter text. |

**\*Proposed Implementation Date for Suspension:** Click or tap to enter a date.

**If this program is NOT expected to be re-implemented within the next 5 years – INACTIVATE: YES** [ ]  **NO** [ ]

**\*Does this program change affect other programs or other courses? YES** [ ]  **NO** [ ]

If yes, attach document support from program faculty or course users.

**\*Does this proposal affect an articulation agreement? YES** [ ]  **NO** [ ]

If YES, attach the articulation agreement to submission documents.

**\*Does this proposal call for teach-out for current students in the program? YES** [ ]  **NO** [ ]

If YES, attach the Teach-Out plan for current students and list semesters to completion of the Teach-Out plan.

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| --- | --- |
|  | **Current Information:** |
| **Program Title** |  |
| **Total Program Credits-CERT** |  |
| **Total Program Credits-DIP** |  |
| **Total Program Credits-AS** |  |
| **Total Program Credits-AAS** |  |
| **\*Final Teach Out Date:** **(Date of last semester of Teach Out)** | Choose an item. |

**\*REVIEWED BY:** *It is recommended, but not required, that the Division Chair, Dean, and EVP review the proposed additions/changes to any program/courses before submission to the AASC.*

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| Division Chair |  | Click or tap to enter a date. |
| Dean |  | Click or tap to enter a date. |
| AASC Chair |  | Click or tap to enter a date. |
| EVP |  | Click or tap to enter a date. |