

Request to Terminate an Academic Degree Program or Administrative/Research Unit

| 1. Institution | |
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| 2. Type of Termination (check one) | |
| A. Academic Program (If A, complete all remaining se | ections) |
| B. Administrative Unit (If B, skip sections 3, 4, 5, and | 6) |
| C. Research Unit – Center or Institute (If C, skip section | ons 3, 4, 5, and 6) |
| 3. Degree Designation. (BA, MS, PhD, etc.) | |
| 4. Title and CIP Code. | |
| 5. Semester/year at which no new enrollments will be accommodated as the second | cepted. |
| 6. Teach-out plan, including semester/year at which repo | rting of degrees shall cease. |
| 7. Approval date for termination by management board. | |
| 8. Reason for request. (Ex: low demand, job opportunities, sources, etc.) | changing focus, program duplication, loss of funding |
| Explanation: | |
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| * In the explanation include statements which address the impact applicable). For example, a request to terminate the Department the academic programs in that Department – will they be maintain they reside? Will the department maintaining these programs be administrative structure at the institution? | t of Chemistry should also include information about ined or terminated as well? If maintained, where will |
| If collaboration with other institutions is involved, ider must submit a separate request form. | ntify partners. Each participating institution |
| | |
| 10. Program/Unit Contact (name, title, email address, telephone number) | |
| Campus Head: | Date: |
| Management Board: | Date: |

(Append documentation to this form.)