**PROGAM DELETION PROPOSAL**

**All forms must be submitted with:**

**Department minutes showing discussion/approval and signed hard copy to Academic Affairs.**

**Fill in all sections (1 - 2) AND separate TEACH OUT PLAN form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 1 – GENERAL INFORMATION** | | | | |
| Initiator: Click here to enter text. | Department: Click here to enter text. | | Date Submitted: Click here to enter a date. | Effective Term/Year: Click here to enter text. |
| E-mail: Click here to enter text. | Phone Number: Click here to enter text. | | State Mandated? Yes No | |
| **Section 2 – PROGRAM DETAILS Degree Type**:  A.A.  A.S. Technical Certificate  PSAV | | | | |
| CIP Code: Click here to enter text.  TSC Program ID: Click here to enter text. | Program Title (no abbreviations): Click here to enter text. | | | |
| Last Date/Term for Admission to Program: Click here to enter text. | | Number of Students Enrolled: Click here to enter text. | | |
| Rational for deleting program - check all that apply:  Program Review  State Mandate  Low Enrollment, Completion, Placement  Other (please specify) Click here to enter text. | | | | |

**CURRICULUM PROPOSAL - Signatures**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Person submitting proposal Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean/Director of Division submitting proposal Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean/ Director of other affected Division Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean/ Director of other affected Division Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Provost/ VP for Academic Affairs Date

Office Use only:

Date presented to APC: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved by APC: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved by BOT: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_