



REQUEST FOR PROGRAM SUSPENSION OR TERMINATION

SIGNATURES:

_____ Approve Disapprove
 Department Chair Date

_____ Approve Disapprove
 College Curriculum Committee Date

_____ Approve Disapprove
 College Dean(s) Date

_____ Approve Disapprove
 Graduate Dean (graduate courses only) Date

_____ Approve Disapprove
 University Curriculum Committee Date

_____ Approve Disapprove
 University Senate Date

_____ Approve Disapprove
 Vice President for Academic Affairs Date

_____ Approve Disapprove
 Chancellor (Suspension only) Date

_____ Approve Disapprove
 Board of Higher Education (Term only) Date

1. Change Sought: Suspension Termination
 Degree: _____ Major/Program: _____ Minor: _____ Certificate: _____

2. Term _____ Year _____ of requested implementation by **Department**

3. Title of Program _____

4. College/School/Center _____

5. Department _____

6. Contact Person: Name: _____ Phone: _____
 E-Mail: _____

7. Provide rationale for the change

8. Does this program change affect other departments or major:

- Yes If yes, attach letter of agreement from department chairs or other administrators responsible for the programs or majors affected by this change.
- No

9. Plan to accommodate students currently in program.

U Newsletter		Hearing	
Publication		Dates	
Dates			