



## Request for Program Suspension or Termination

PLEASE COMPLETE AS INDICATED

<b>TITLE OF PROGRAM</b>			
<b>CHANGE REQUESTED</b>		<input type="checkbox"/> Suspension <input type="checkbox"/> Termination	
<input type="checkbox"/> Degree	<input type="checkbox"/> Major/Program	<input type="checkbox"/> Minor	<input type="checkbox"/> Certificate
<b>TERM AND YEAR OF REQUESTED IMPLEMENTATION</b>			
<b>COLLEGE:</b>		<b>DEPARTMENT:</b>	
<b>CONTACT PERSON:</b>		<b>PHONE:</b>	
<b>E-MAIL:</b>			

### SIGNATURES:

**IF DISAPPROVED OR APPROVED WITH RESERVATIONS, ATTACH RATIONALE FOR SUCH ACTION.**

DEPARTMENT CHAIR	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
COLLEGE CURRICULUM COMMITTEE	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
COLLEGE DEAN(S)	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
GRADUATE DEAN (GRADUATE COURSES ONLY)	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
UNIVERSITY CURRICULUM COMMITTEE	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
UNIVERSITY SENATE	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
VICE PRESIDENT FOR ACADEMIC AFFAIRS	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
CHANCELLOR (SUSPENSION ONLY)	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE
BOARD OF HIGHER EDUCATION (TERMINATION ONLY)	DATE	<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE

I. PROVIDE A RATIONALE FOR THE SUSPENSION OR TERMINATION: