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| Name of Program: |  |
| Date: |  |
| College: |  |
| Department: |  |
| Degree / Certificate Level: (i.e., Bachelor, Master, Undergraduate, Post-Bac or Post-Masters Certificates, Minor, etc.) |  |
| Date of Closure: (date when students will no longer be admitted to the program) |  |
| Date when program of study courses will no longer be offered: |  |
| **Please provide a narrative that describes the action requested. Provide sufficient details for approval.** |  |
| How many students have open matriculations in the program? |  |
| Detailed explanation of how all affected students will be helped to complete their programs of study with minimal disruption including a detailed course plan:(At the end of this form, please include a copy of the email that you sent out to students.) |  |
| Indicate if the teach-out plan will incur additional charges/expenses to the students and, if so, how the students will be notified: |  |
| Indicate how faculty and staff will be redeployed or helped to find new employment: |  |